



General Liability Questionnaire

General Information:

Applicant name	
Telephone number	
Email	

Company Information:

Legal Business name	
FEIN:	
Partnership/Corp/LLC	
Business address	
Website	
Phone number	
Years in Business	

Detailed description of business:

Prior Coverage (if applicable):

Prior Company	Length of Coverage	Total Premium	Renewal date	Any claims in the past?

Additional Information: Please explain your desired coverages .