



General Liability Questionnaire - Professional Services (Long Form)

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Detailed supplemental for office-based professional and consulting risks. Use alongside ACORD 125 and any E&O, cyber, or media supplements as needed.

Complete digitally when possible. For online intake, mirror these sections into your client-facing smart form and require uploads for loss runs, schedules, and sample contracts where applicable.

Applicant and Business Profile

Business name	
Entity type	v
DBA	
FEIN / Tax ID	
Website	
Office address	
Mailing address if different	
Primary contact / title	
Phone	
Email	
Years in business	
Number of employees / owners	
States of operation	v

Services and Clients

Detailed description of services	
Top client industries	
Estimated annual gross receipts	
Any advice, consulting, design, plans, or specifications	v
Any technology, software, website, or digital services	v
Any media, advertising, or content creation	v



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Services and Clients (cont.)

Any staffing, HR, or background screening work	
Any financial, legal, medical, or regulated advice	
Any subcontracted professional work	
Written contracts used with clients	
Limitations of liability in contracts	

Premises, Data, and Operational Exposure

Any work at client locations	
Any employee travel or hired / non-owned auto exposure	
Any client records, PII, or confidential data handled	
Any payment card information handled	
Remote workers or home offices used	
Any foreign clients or work outside the U.S.	
Any products sold or tangible goods distributed	
Any seminars, conferences, or events hosted	
Any intellectual property disputes alleged in past	
Describe controls for contracts, data, and office safety	

Claims and Coverage Requested

Current status	
Current carrier / expiration	
Current premium	



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Claims and Coverage Requested (cont.)

Any GL claims in last 5 years

Any E&O / professional claims in last 5 years

Describe claims, allegations, or incidents

Requested GL limits

Professional liability / E&O needed

Cyber / media liability needed

Additional underwriting notes

Applicant Signature

Name

Title

Signature

Date

Suggested upload checklist for smart intake version: ACORD 125, currently valued policy or declaration page, 3 to 5 years loss runs, project schedule or property schedule, sample contract, and any supplemental applications required by carrier.