General Liability Questionnaire - Retail (Long Form

Detailed supplemental for retail and storefront risks. Attach product list, sample labels, or vendor agreements when applicable.

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	
DBA	
FEIN / Tax ID	
Website / online marketplace links	
Mailing address	
Primary contact / title	
Phone	
Email	
Years in business	
Number of locations / states	
Any franchised operations	

Products and Operations

Detailed description of products sold	
Top 5 product categories by sales	
Estimated annual gross receipts	
Any online / ecommerce sales	
If yes, percentage of sales online	
Any imported products	
Any private label or white-labeled products	
Any products for children, health, beauty, or ingestibles	

Detailed supplemental for retail and storefront risks. Attach product list, sample labels, or vendor agreements when applicable.

Products and Operations (cont.)

Any products requiring warnings, instructions, or recalls

Any installation, repair, assembly, or delivery provided

Any rented equipment or demo equipment

Premises and Controls

Any cooking or food preparation

Any alcohol sales or tastings

Slip resistance / floor inspection program in place

Security cameras / theft prevention program

Certificates collected from event vendors / contractors

Any bounce houses, play areas, or special events

Any weapons, CBD, supplements, vape, or other restricted goods

Any forklifts, pallet jacks, or warehouse exposure

Any delivery vehicles or employee errands

Describe customer traffic, layout, and controls

Claims and Coverage Requested

Current status

Current carrier / expiration

Current premium

Any claims in last 5 years

Describe claims, chargebacks, recalls, or incidents

Detailed supplemental for retail and storefront risks. Attach product list, sample labels, or vendor agreements when applicable.

Claims and Coverage Requested (cont.)

Requested limits

Products / completed ops important

Umbrella / excess needed

Additional insured usually requested

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.