

BUSINESS LIABILITY QUESTIONNAIRE

Name of Business _____ *Federal ID#* _____

Address _____

Contat Name _____ *Phone* _____ *E-mail* _____

Nature of business _____

How long in business _____ *Prior Carrier* _____

Annual Sales(before taxes) _____ *No of Employees* _____ *Annual Payroll* _____

Loss History _____

Limit of Liability:

General Aggregate _____ *Each Occurrence* _____

Product and Completed Operation _____

Personal and Advertising Injury _____

Fire Damage to Other _____

Medical Expenses _____

Business Personal Property _____ *Ded.* _____ *Co-insurance* _____

Building: Year built _____ *Construction* _____ *Sqf.* _____

Workers Compensation:

Payroll by Classification _____

Notes _____
