



## GENERAL LIABILITY INSURANCE INFORMATION

1. Please list five years of insurance company names, policy periods, policy numbers, and annual premiums:

	Insurance Company	Policy Period	Policy Number	Annual Premium
Current Policy	_____	_____	_____	\$ _____
1 <sup>st</sup> Year Prior	_____	_____	_____	\$ _____
2 <sup>nd</sup> Year Prior	_____	_____	_____	\$ _____
3 <sup>rd</sup> Year Prior	_____	_____	_____	\$ _____
4 <sup>th</sup> Year Prior	_____	_____	_____	\$ _____

**\*PLEASE SUBMIT 5 YEARS CURRENTLY VALUED HARD COPIES OF LOSS RUNS.**

2. Do you have knowledge of any pre-existing act, omission, event, condition or damages to any person or property including any undisclosed claims that may potentially give rise to any future claim or legal action against you?

No or  Yes If Yes, please describe (include a separate sheet if needed): \_\_\_\_\_

\_\_\_\_\_

3. Give details of any insurance claims in the last 5 years including type of claim and amount paid.

\_\_\_\_\_

\_\_\_\_\_

4. What Limit of Liability do you desire?  \$1,000,000/\$1,000,000 Aggregate  \$1,000,000/\$2,000,000 Aggregate  
 \$1,000,000/\$5,000,000 Aggregate  Other \_\_\_\_\_

5. How many additional insured endorsements will you need? \_\_\_\_\_

6. How many Waiver of Subrogation endorsements will you need? \_\_\_\_\_

7. Estimated annual payroll **excluding owners and officers**:

Next 12 Months	\$ _____	Current year	\$ _____	1 <sup>st</sup> year prior	\$ _____
2 <sup>nd</sup> year prior	\$ _____	3 <sup>rd</sup> year prior	\$ _____	4 <sup>th</sup> year prior	\$ _____

8. Number of employees: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

9. What is your estimated annual gross sales for the following:

Next 12 Months	\$ _____	Current year	\$ _____	1 <sup>st</sup> year prior	\$ _____
2 <sup>nd</sup> year prior	\$ _____	3 <sup>rd</sup> year prior	\$ _____	4 <sup>th</sup> year prior	\$ _____

**Comments:** \_\_\_\_\_

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