



Daniels-Head  
Insurance  
Agency

Phone (800) 950-0551

Fax (888) 839-6107

## COMMERCIAL GENERAL LIABILITY INSURANCE QUESTIONNAIRE

### APPLICANT NAME & ADDRESS

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Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Description of Business / Services Provided: \_\_\_\_\_

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### LEGAL ENTITY:

☐ Individual

☐ Partnership

☐ Corporation

☐ LLC

☐ Other: \_\_\_\_\_

### BUILDING CONSTRUCTION:

☐ [Wood] Frame

☐ Joisted Masonry

☐ Non-Combustible

☐ Masonry Non-Combustible

☐ Fire Resistive

Square footage occupied by your business: \_\_\_\_\_

Number of years in business: \_\_\_\_\_

Number of years experience in this type of business: \_\_\_\_\_

Employer ID # (FEIN): \_\_\_\_\_

Total estimated annual sales/receipts/revenue: \_\_\_\_\_

Total estimated annual payroll for direct employees: \_\_\_\_\_

Are Subcontractors / Independent Contractors used? ☐ No ☐ Yes

If yes, do you require a certificate of insurance as evidence of their own insurance? ☐ Yes ☐ No

Total annual cost / payroll for subcontractors: \_\_\_\_\_

**GENERAL LIABILITY COVERAGE:**

**PER OCCURRENCE / AGGREGATES**

☐ \$1,000,000 / \$2,000,000

☐ \$2,000,000 / \$4,000,000

Please provide copy of lease requirements from  
your property manager [if applicable]

If your lease requires ADDITIONAL INSURED  
status for your Landlord and/or Property  
Manager please provide the name and address  
as it should appear on Certificate of Insurance:

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**UMBRELLA LIABILITY [OPTIONAL COVERAGE] (For an additional premium)**

This coverage would respond if the **Liability** limits on your scheduled underlying General Liability [Businessowners], Employers Liability [Workers Compensation] and/or Business Auto Liability policies were to be exhausted / depleted due to a covered catastrophic loss.

**DESIRED LIMIT:**

☐ \$1,000,000

☐ \$2,000,000

☐ Other: \_\_\_\_\_

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**Are any autos titled in the name of, owned by or leased by your business?**

☐ No

☐ Yes

***If yes – please contact us regarding Business Auto coverage options.***

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***Policy Effective Date Requested:*** \_\_\_\_\_

**APPLICANT SIGNATURE:**

\_\_\_\_\_  
Owner, Officer or Partner

\_\_\_\_\_  
Date