

Please complete and fax to 1-866-313-9739 Ph: 1-888-411-7679

Applicant Insurance Quote General Questionnaire

Owner(s) Name(s): _____ Doing Business As(DBA): _____
 Mailing Address _____ City _____ CA Zip: _____
 Location Street Address _____ City _____ CA Zip: _____
 Business Phone Number: _____ Business Fax Number: _____
 Email Address: _____ Website Address: _____
 Years at this Location: _____ Years Experience: _____
 Individual Corporation Partnership Joint Venture LLC Federal Tax ID/ SS# Number: _____

DESCRIBE THE BUSINESS OPERATION IN DETAIL INCLUDING A DESCRIPTION OF GOODS OR SERVICES PROVIDED. IF APPLICABLE, INDICATE WHAT PERCENTAGE OF THE OPERATION IS RETAIL, WHOLESALE OR MANUFACTURING:

of Active Owners/Officers/Partners: ___ # of active family members: ___ #of Full Time Employees: ___
 # Part-Time Employees (under 20 hours weekly): _____
 Estimated Annual Payroll (Excluding Owners) Current Year: \$ _____ Owners/Officers Payroll (If any) _____
 Estimated Annual Gross Receipts/Sales/Rental Current Year: \$ _____ Previous Year \$ _____
 Hrs. of Operations: Sat _____ Sun _____ M-F _____
 Number of Loss Payees and Mortgagees: # _____ Number of Additional Insured (Landlord or any other entities)# _____
 Are you involved in any other business operations? Yes No If yes, describe in Remarks
 Do you or others operate any other business on the premises Yes No If yes, describe in Remarks.
 Is a formal safety program in operation? Yes No Are any guard/pet dogs kept on the premises? Yes No
 Do you keep firearms on the premises? Yes No Do you own the Building? Yes No
 Limits of Liability Coverage Requested: \$ _____
 Limits of Property Coverage Requested: Building \$ _____ Content \$ _____ Loss of Income \$ _____
 Limits of other Coverage Requested (Please specify the types of coverage):

PRIOR CARRIER INFORMATION (Explain all "Yes" responses in remarks section)

<u>Policy Period</u>	<u>Insurance Company</u>	<u>Insurance Agency/Broker</u>	<u>Policy Number</u>	
Current Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.

- 1) Any policy or coverage declined, cancelled or non-renewed during the prior 5 years? Yes No
- 2) Any claims or occurrences for the past five years that may give rise to claims? Yes No
- 3) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person or entity on whose behalf you or your business entity has assumed liability?
Yes No
- 4) Have you had any claims, occurrences or losses during the past 5 years? Yes No If yes, please describe in remarks section below.
- 5) Have you ever been adjudged bankrupt or insolvent? Yes No

Remarks:

LANDOWNER'S PROGRAM SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

1. Land Use and Acreage:

Indicate the total acreage applicable to the land in the applicable column and row.

Loc. No.	Vacant Land	Real Estate Development Property	Land Leased to Others
1			
2			
3			

What was the prior use of the land? _____

Was land ever used as a land fill?..... Yes No

Any underground fuel tanks on the property?..... Yes No

Any below ground mines on the property?..... Yes No

If yes: Sealed Not Sealed

Any dams on the property?..... Yes No

If yes, complete Dam Questionnaire, GLS-113.

Any lakes on the property? Yes No

If yes, number of acres: _____

Are there any buildings or equipment on the property?..... Yes No

If yes, describe: _____

2. Real Estate Development Property:

Nature of planned development:

Residential:

Total number of planned homes and/or home sites? _____

Townhomes or Condominiums?..... Yes No

Commercial

Other: _____

Describe the work to be done: _____

Has site preparation work been completed?..... Yes No

If yes, by whom? _____

Expected start date: _____ Expected completion date: _____

Who is performing the work? Licensed contractor Applicant acting as general contractor

Other: _____

Are certificates of insurance obtained from contractors or subcontractors?..... Yes No

Is a contract containing a hold-harmless clause holding applicant harmless obtained from the contractor?..... Yes No

Estimated cost for renovation/construction operations:

During next 12 months \$ _____

For entire project \$ _____

If applicant is acting as the general contractor:

(1) Does applicant obtain a written contract from all subcontractors which includes a hold-harmless clause in favor of the applicant? Yes No

(2) Is applicant named as an additional insured on the subcontractor's policy?..... Yes No

3. Land Leased to Others:

Tenant's Farming Grazing Parking Quarry
Strip Mining

use of the land: Hunting Camping Fishing Hiking Cross Country Skiing

Logging Land Fill Dirt Biking Snowmobiling

Other (describe): _____

Is the tenant insured? Yes No

Is applicant named as an additional insured on the tenant's policy?..... Yes No

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____