



QUESTIONNAIRE FOR COMPREHENSIVE GENERAL/UMBRELLA EXCESS LIABILITY

Date: _____

1. Name of Insured: _____
2. Business and occupancy (Please describe fully and state whether insured is building owner or occupier):

3. Correspondence Address: _____
4. Location of all Insured Premises (Full address). Please state in occupation of each location as well.

5. Area of the insured premises (in sq. feet): _____
6. Total Seating Capacity (if for restaurant, theater, etc): _____
7. Annual sales this year: \$ _____ Annual sales next year: \$ _____
8. Type of Building Construction: _____

9. Are all your premises, machinery and plant sound, in good condition and maintenance? _____
10. If any explosives or chemicals are used or stored, give particulars? _____

11. If work is undertaken elsewhere than your own premises, give details? _____

12. Do you wish to insure against accidents caused by the employment of Subcontractors? If so, please state nature of their work and estimated contract price for ensuring 12 months.

13. No. of employees and total estimated annual wages?

14. Have you previously held a Comprehensive General Liability Insurance? If so, state fully name of Insurance Company.

15. Has any Insurance Company in respect of Comprehensive General Liability Insurance at any time:
 Ever declined your proposal? _____
 Required an increase premium or special conditions? _____
 Cancelled or refused to renew your policy? _____

16. State particular of all General Liability Claims made against you during the last five years:

Outstanding Claim				Settled Claim		
Year	No. of Claims	Type of Loss	Total Reserve	No. of Claims	Type of Loss	Total Paid Amount

17. Limit of Liability: _____
 Any one occurrence: _____
 Aggregate: _____
18. Deductible Desired: _____

Prepared By: _____ Date: _____

Title: _____