



**GENERAL INFORMATION QUESTIONNAIRE**

Name of Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Website address: \_\_\_\_\_

Type of entity: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Type: \_\_\_\_\_

Contact email Address: \_\_\_\_\_

Please provide a description of Primary Operations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like a quote for cyber liability? Yes ☐ No ☐

Would you like a quote for Directors & officer's liability? Yes ☐ No ☐

Would you like a quote for professional liability? Yes ☐ No ☐

Would you like a quote for Work Comp? Yes ☐ No ☐

**General Information: Y/ N**

1a. Is the applicant a subsidiary of another entity? Yes ☐ No ☐

1b. Does the applicant have any subsidiaries? Yes ☐ No ☐

2. Is a formal safety program in operation? Yes ☐ No ☐

3. Any exposure to flammables, explosives, chemicals? Yes ☐ No ☐

4. Any other insurance with this company? (list policy numbers) Yes ☐ No ☐

5. Any policy or coverage declined, cancelled or non-renewed during the prior three (3) years for any premises or operations? Yes ☐ No ☐

6. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? Yes ☐ No ☐

7. During the last five years (ten in RI), has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson, or any other arson-related crime in connection with this or any other property? ` Yes ☐ No ☐
8. Any uncorrected fire and/or safety code violations? Yes ☐ No ☐
9. Has applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy during the last five (5) years? Yes ☐ No ☐
10. Has an applicant had a judgement or lien during the last five (5) years? Yes ☐ No ☐
11. Has business been placed in a trust? Yes ☐ No ☐
12. Any foreign operations, foreign products distributed in USA, or us products sold / distributed in foreign countries? Yes ☐ No ☐
13. Does applicant have other business ventures for which coverage is not requested? Yes ☐ No ☐
14. Any medical facilities provided or medical professionals employed or contracted? Yes ☐ No ☐
15. Any exposure to radioactive/nuclear materials? Yes ☐ No ☐
16. Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. Landfills, wastes, fuel tanks, etc.) Yes ☐ No ☐
18. Any operations sold, acquired, or discontinued in the last five (5) years? Yes ☐ No ☐
19. Do you rent or loan equipment to others? Yes ☐ No ☐
20. Any watercraft, docks, floats owned, hired, or leased? Yes ☐ No ☐
21. Any parking facilities owned/rented? Yes ☐ No ☐
22. Is a fee charged for parking? Yes ☐ No ☐
23. Recreation facilities provided? Yes ☐ No ☐
24. Is there a swimming pool on the premises? Yes ☐ No ☐
25. Are social events sponsored? Yes ☐ No ☐
26. Are athletic teams sponsored? Yes ☐ No ☐
27. Any structural alterations contemplated? Yes ☐ No ☐
28. Any demolition exposure contemplated? Yes ☐ No ☐
29. Has applicant been active in or is currently active in joint ventures? Yes ☐ No ☐
30. Do you lease employees to or from other employers? Yes ☐ No ☐
31. Is there a labor interchange with any other business or subsidiaries? Yes ☐ No ☐
32. Are day care facilities operated or controlled? Yes ☐ No ☐

33. Have any crimes occurred or been attempted

on your premises within the last three (3) years?

Yes ☐

No ☐

34. Is there a formal, written safety and security policy in effect?

Yes ☐

No ☐

35. does the businesses' promotional literature make

any representations about the safety or security of the premises?

Yes ☐

No ☐

**Previous General Liability Coverage:**

Carrier names and Years insured: List N/A if no previous coverage.

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Any losses?

Yes ☐

No ☐

If yes, please provide details, date of claim, amount paid, amount reserved, whether open or closed and a brief description: \_\_\_\_\_

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**Please order the loss runs for your current broker.**