

General Liability Insurance Questionnaire

1. Business Name _____

2. Years in Business (When was it established?) _____

3. Business Address _____

4. Email Address _____

5. Phone Number _____

6. Projected Gross Income for the Next 12 Months _____

7. Number of Employees _____

8. Total Employee Payroll Amount _____

9. Percentage of Work Being Subcontracted _____

10. Business Owner's Full Name (First & Last Name):

First Name: _____

Last Name: _____

11. Business Owner's Date of Birth _____

12. List of All Owners (If there are multiple owners)

First Name:	Last Name	DOB

13. Contractor License Number (If applicable) _____

14. Tax ID Number / EIN _____