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GENERAL LIABILITY QUESTIONNAIRE

DATE: _____

NAME OF BUSINESS: _____

ADDRESS: _____

NAME OF OWNER: _____

HOME PHONE # _____ CELL PHONE # _____

OWNER'S EMAIL ADDRESS: _____

TYPE OF WORK DONE BY INSURED: _____

IF MORE THAN ONE TYPE: % _____ % _____ % _____

TAX I.D. OR SOCIAL SECURITY # _____

HOW LONG IN BUSINESS: _____ YEARS EXPERIENCE IN THIS FIELD: _____

PREVIOUS CARRIER: _____

COVERAGE DESIRED: \$100,000 \$300,000 \$500,000 OR \$1,000,000/2,000,000 (CIRCLE ONE)

ANNUAL PAYROLL: _____ NUMBER OF EMPLOYEES: F/T _____ P/T _____

ANNUAL GROSS SALES: _____ ANY LOSSES: _____ DATE OF LOSS: _____

DESCRIPTION OF LOSS: _____ AMOUNT PAID: _____

IS INSURED AN: INDIVIDUAL (DBA) _____ CORPORATION: INC. _____ CORP. _____

PERCENTAGE OF WORK DONE IN NEW YORK CITY: _____

PERCENTAGE OF WORK DONE OUTSIDE OF N.Y.C. _____

WHAT PERCENTAGE OF WORK IS COMMERCIAL: _____

WHAT PERCENTAGE OF WORK IS RESIDENTIAL: _____

AGENCY REQUESTING QUOTE: _____

PERSON REQUESTING QUOTE: _____

AGENCY PHONE NUMBER: _____