

LIA Insurance Agency

250 West Crest Street #E

Escondido, CA 92025

Phone: (760) 743-1007 Fax: (760) 743-6193

Email: lia@liainsurance.com

General Liability Questionnaire

Office Phone #: _____ Fax #: _____

Cell #: _____ Email: _____

Business Name: _____

DBA: _____

Physical Address: _____

Mailing Address: _____

Contractors License: _____

Type of Work: _____

Type of Contractor: General: _____ Artisan: _____ Other: _____

Years of Experience: _____

Do You Currently Have Insurance: (Y) ___ (N) ___ If "Yes" With Whom: _____ Exp. Date: _____

Years of Prior Insurance: _____

Any Losses in the Past 5 Years: _____

If "Yes" Explain Type of Loss and Amount of Loss: _____

Please Provide the Following For "All" Owners/Partners:

<u>Name</u>	<u>DOB</u>	<u>Social Security #</u>	<u>FEIN#</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Gross Receipts (Estimated For Year): _____

Subcontractor Cost: _____ % of Residential Work: _____ % of Commercial Work: _____
of Employees: _____

Job Description of Employees: _____