

Wizard Insurance Services Inc
17549 Chatsworth St
Granada Hills, CA 91344
818-890-7500

COMMERCIAL GENERAL LIABILITY INSURANCE QUESTIONNAIRE

APPLICANT NAME & ADDRESS

Contact Person: _____

Phone:

Fax:

Email:

Description of Business / Services Provided: _____

LEGAL ENTITY:

☐ Individual

☐ Partnership

☐ Corporation

☐ LLC

☐ Other: _____

BUILDING CONSTRUCTION:

☐ [Wood] Frame

☐ Joisted Masonry

☐ Non-Combustible

☐ Masonry Non-Combustible

☐ Fire Resistive

Square footage occupied by your business: _____

Number of years in business: _____

Number of years experience in this type of business:

Employer ID # (FEIN):

Total estimated annual sales/receipts/revenue:

Total estimated annual payroll for direct employees:

Are Subcontractors / Independent Contractors used? ☐ No ☐ Yes

If yes, do you require a certificate of insurance as evidence of their own insurance? ☐ Yes ☐ No

Total annual cost / payroll for subcontractors: _____

GENERAL LIABILITY COVERAGE:

PER OCCURRENCE / AGGREGATES

☐ \$1,000,000 / \$2,000,000

☐ \$2,000,000 / \$4,000,000

Please provide copy of lease requirements from
your property manager [if applicable]

If your lease requires ADDITIONAL INSURED
status for your Landlord and/or Property
Manager please provide the name and address
as it should appear on Certificate of Insurance:

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UMBRELLA LIABILITY [OPTIONAL COVERAGE] (For an additional premium)

This coverage would respond if the **Liability** limits on your scheduled underlying General Liability [Businessowners], Employers Liability [Workers Compensation] and/or Business Auto Liability policies were to be exhausted / depleted due to a covered catastrophic loss.

DESIRED LIMIT:

☐ \$1,000,000

☐ \$2,000,000

☐ Other: _____

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Are any autos titled in the name of, owned by or leased by your business?

☐ No

☐ Yes

If yes – please contact us regarding Business Auto coverage options.

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Policy Effective Date Requested: _____

APPLICANT SIGNATURE:

Owner, Officer or Partner

Date