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## General Liability & Workers Compensation Application

Insured Business Name: \_\_\_\_\_

Business Type (LLC/Inc/Sole Proprietor): \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Business Mailing/Billing Address \_\_\_\_\_

Business Location Address (if different from mailing): \_\_\_\_\_

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

Email: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Year Business Started: \_\_\_\_\_

Website (if any): \_\_\_\_\_

Estimated Annual Sales: \_\_\_\_\_

Total number of employees (full or part time/subcontractors): \_\_\_\_\_

Total Estimated Annual Payroll: \_\_\_\_\_

Percentage of work subcontracted (if any) and their annual estimated payroll: \_\_\_\_\_

States operating in: \_\_\_\_\_

Describe business operations (specify ratio of residential to commercial work): \_\_\_\_\_

Year Business Location Built (including home office locations): \_\_\_\_\_

Square Footage of Business Space: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Is the building alarmed? : \_\_\_\_\_

Is the building sprinklered? : \_\_\_\_\_

Any business personal property to be covered? : \_\_\_\_\_

Business Personal Property Value: \_\_\_\_\_

Any Additional Insureds to be listed? : \_\_\_\_\_

Additional Insured Name and Address: \_\_\_\_\_

Any prior insurance? If so, provide name of carrier, policy period and premium: \_\_\_\_\_

Any specific insurance requirements? \_\_\_\_\_

List of specific insurance requirements: \_\_\_\_\_