

"Insuring you in the 21st Century"
UNITED NATIONAL INSURANCE AGENCY
"AN AFFILIATE OF APEX INSURANCE AGENCY"

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General Liability Questionnaire

Date: _____

REFERRED BY: _____

Name: _____ DBA: _____

Mailing Address: _____ Property Location: _____

City, State, Zip Code _____ City, State, Zip Code _____

Federal ID# _____ SS# _____ Date of Birth: _____

Home # _____ Work # _____ Cell# _____ Fax# _____

Web Site: _____ Email: _____

Type of Business: Individual, Partnership, Corporation, Joint Venture: _____

How many years in Business: _____ Years of experience in that type of Business: _____

Detail description of your operations: _____

What is Office Square Footage: _____

What is your estimated gross revenue for the year? _____

How many employees do you have: _____ Type of employees: _____

How much is your annual payroll for employees: _____

Owner annual pay: _____

Do you use Subcontractors: YES () NO ()

If yes, need the % of subcontractors used and amt paid out to subcontractors: _____

A break down of subcontractors & % of each (electricians, plumbing, ect): _____

Do you require your subcontractors to have insurance? ____ Do you require them to carry same coverage? ____

Do you obtain a certificate of insurance from subcontractors? YES () NO ()

Prior Carrier Name, Expiration Date, Limits of Liability & Expiring Premium: _____

Have you filed a claim on a general liability policy in the last 3 years: YES () NO ()

If yes, provide date, amount and description of loss/es: _____

General liability insurance amount (limits) needed: \$ _____

What effective date client is needing for coverage? _____

*Remember, for all your Auto, Life, Health, Dental, Commercial, or Property Insurance needs, please call us.
We are here to serve.*