**GENERAL LIABILITY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Limits Requested |  |  |  |
| Each Occurrence | $ |  |  |
| Aggregate Limit | $ |  |  |
| Damage to Rented Prem | $ |  |  |
| Med Pay Limit | $ |  |  |
|  |  |  |  |
| GL Deductible? | Yes No | If Yes, Amount: $ |  |
|  |  |  |  |
| Gross Annual Sales | $ |  |  |
| Food/Liquor Breakdown | Not Applicable | Food $      Liquor $ |  |
|  |  |  |  |
| Employee Payroll | $ | Number of Employees | FT      PT |
|  |  |  |  |
| Square Feet Occupied |  |  |  |
|  |  |  |  |
| Data Breach/Cyber Exp | Yes No | If yes, complete application |  |
| Professional Liability | Yes No | If yes, complete application |  |
| Hired/Nonowned Auto | Yes No |  |  |

|  |  |  |
| --- | --- | --- |
| Additional Interests? | Yes No | Relationship to Insd: |
|  |  |  |
| Special Endorsements Needed? (i.e. 30 day cancellation, primary & non-contributory, WOS) | Yes No | If yes, List: |

|  |
| --- |
| **UMBRELLA/EXCESS LIABILITY INFORMATION** |

|  |  |  |  |
| --- | --- | --- | --- |
| Liability limit: |  | Umbrella | Excess |
| Each Occurrence | $ |  |  |
| Aggregate Limit | $ |  |  |
| Retained Limit | $ |  |  |
|  |  |  |  |
| Include as Underlying: | General Liability | Automobile Liability | Workers Comp |
|  | Professional Liab | EBL | Other Liability |
|  |  |  | Describe: |