GREENWOOD
Managing General Underwriters and Program Administrators

MARKETS@GWMGA.COM

COMMERCIAL INSURANCE INDICATION QUESTIONNAIRE

INCOMPLETE SUBMISSION WILL NOT BE PROCESSED. IF ANSWER IS NOT APPLICABLE SO STATE "N/A"

PRODUCER/AGENCY _____ PRODUCER CODE _____
AGENCY EMAIL _____ AGENCY PHONE #_____

APPLICANT INFORMATION

NAME (FIRST AND LAST NAME OR CORPORATE NAME) _____
DBA (DOING BUSINESS AS) _____

MAILING ADDRESS _____
CITY, ZIP _____

LEGAL ENTITY ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ LLP ☐ Other _____

LOCATION ADDRESS (for additional locations, please use ACORD 125)

1. _____
2. _____
3. _____

YEARS IN BUSINESS _____ IF NEW, YEARS OF EXPERIENCE _____

DESCRIPTION OF OPERATION

_____
_____
_____
_____

OF ACTIVE OWNERS _____
ANNUAL GROSS SALES _____
OF EMPLOYEES _____
EMPLOYEE PAYROLL _____
AREA OCCUPIED (SQ. FT.) _____

CLAIM HISTORY ☐ Check here if NO CLAIMS

_____
_____

☐ ADDITIONAL INSURED ☐ LOSS PAYEE ☐ MORTGAGEE ☐ OTHER _____

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____

GENERAL LIABILITY SECTION

LIMITS DESIRED: ☐ 1,000,000/2,000,000 ☐ 2,000,000/3,000,000 ☐ OTHER _____

IF DAY CARE OR SCHOOL, NUMBER OF ENROLLED STUDENTS? _____ AVERAGE DAILY ATTENDANCE _____

IF APARTMENT, NUMBER OF UNITS _____ (Apartment Supplemental Application may be required)

IF BARBER SHOP, BEAUTY PARLOR OR NAIL SALON (INCLUDING SPA, MASSAGE PARLOR),
NUMBER OF OPERATORS: EMPLOYEES _____ INDEPENDENT BOOTH OPERATORS _____

IF LESSORS RISK, LIST OF TENANTS INCLUDING DESCRIPTION OF BUSINESS AND AREA OCCUPIED

UNIT #	BUSINESS NAME	DESCRIPTION	AREA OCCUPIED (SQ. FT.)

Use separate sheet for additional tenants

IF RESTAURANT – HOURS OF OPERATION _____
FOOD SALES _____
LIQUOR SALES _____
TOTAL GROSS SALES _____
ANY ENTERTAINMENT? ☐ YES ☐ NO
ANY CATERING? ☐ YES ☐ NO IF YES, SALES FROM CATERING _____

IF WHOLESALER – ANY DIRECT IMPORTING OF FOREIGN PRODUCTS? ☐ YES ☐ NO

PROPERTY SECTION (Complete this section if property coverage is desired)

COVERAGES

BUILDING _____ ☐ ACV ☐ RC
BPP (CONTENTS) * _____ * CS Burglar Alarm required for Special Form
BUSINESS INCOME _____ Monthly Limitations may apply

PREMISES INFORMATION

CONSTRUCTION TYPE _____
NUMBER OF STORIES _____
AREA (SQ. FT.) _____
ORIGINAL YEAR BUILT _____
IF MORE THAN 25 YEARS, PLEASE PROVIDE UPDATES
ELECTRICAL_____ PLUMBING_____ ROOFING_____ HVAC_____
CENTRAL STATION BURGLAR ALARM? ☐ YES ☐ NO * Required for theft coverage
CENTRAL STATION FIRE ALARM? ☐ YES ☐ NO
IS THE BUILDING 100% SPRINKLERED? ☐ YES ☐ NO