



General Liability Questionnaire

Name of Business/Organization: _____

Mailing Address: _____

Contact Person: _____ Phone: _____

E-mail Address: _____ Fax: _____

Date of Incorporation: _____ Annual Sales/Budget: _____ Annual Payroll: _____

Location Schedule:

Address	City/State/Zip	Total Square Footage

Loss History:

Please attach 5 years of loss reports from each insurance company. (If available)

Services Provided:

Briefly describe the services provided by your business/organization:

Please select optional coverage that you would like quoted:

- | | |
|--|--|
| <input type="checkbox"/> Professional Liability | <input type="checkbox"/> Group Health Insurance |
| <input type="checkbox"/> Accident Medical | <input type="checkbox"/> Crime/Employee Theft Coverage |
| <input type="checkbox"/> Employee Benefits Liability | <input type="checkbox"/> Improper Sexual Conduct |
| <input type="checkbox"/> Pollution Liability | <input type="checkbox"/> Umbrella Liability |

Please return this by fax to (248) 373-5586 or by mail to:

Brownrigg Companies, LTD

2601 S. Lapeer Rd

Auburn Hills, MI 48326

(800) 397-5580

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