

**SUPPLEMENTAL APPLICATION QUESTIONNAIRE FOR  
GENERAL LIABILITY COVERAGE**

THIS SUPPLEMENTAL APPLICATION IS FOR A CLAIMS MADE INSURANCE POLICY

**APPLICATION INSTRUCTIONS:**

1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY;
2. THIS SUPPLEMENTAL APPLICATION MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

1. Number of locations or branch offices including the main office (please attach schedule of location that includes complete address and square footage for each location)

---

2. Does Applicant design or produce any products? \_\_\_\_ No \_\_\_\_ Yes (If Yes please describe)

---

3. Does the applicant have any responsibility for site safety? \_\_\_\_ No \_\_\_\_ Yes

4. Do \_\_\_\_