



Cosmetic Products - General Liability

Phone: 818-264-0300 Fax: 818-264-0699

Commercial Insurance Application (For Best Results, Please Complete In Full)

- 1) Requested Effective Date: _____ (mm/dd/yyyy)
- 2) Name of Business: _____
- 3) Mailing Address: _____
 City: _____ State: _____ Zip: _____
- 4) Owner Name: _____ Contact Name: _____
- 5) Phone: _____ Fax: _____ Other: _____
- 6) E-Mail Address: _____ Website Address: _____
- 7) Location address (If different): _____
 City: _____ State: _____ Zip: _____
- 8) What is the Fed. Employer Ident. (FEIN) or Soc. Sec. Number? _____
- 9) Years in Business: _____ Years Experience: _____
- 10) Type of Ownership:
 Sole Proprietorship (Individual) Corporation LLC Partnership or Joint Venture Other
- 11) Part of a Franchise?: (Y)es or (N)o: _____
- 12) Desired Limits: (Each Occurrence/General Aggregate) (other limits may be available upon request)
 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000 Other: _____
- 13) Describe the business operations including a description of goods with your label. ranjan ne puchha vanu 6 or wholesale.
 (Please use 8 words or more): _____

 Percentage (%) of goods imported: _____ From What Countries?: _____
- 14) Total Annual Gross Receipts/Revenues? Next 12 Mos (Est) \$ _____
 Subcontracted Cost (Est) \$ _____ % of Internet Sales _____
- 15) Number of Employees: FT _____ PT _____ Est Annual Payroll \$ _____
- 16) Prior Carrier: _____ Policy # : _____ Expiration Date: _____(mm/dd/yyyy)
- 17) Any Claims? (Y)es or (N)o: _____ Annual Premium Paid?: \$ _____
- 18) Bankruptcy: (Y)es or (N)o: _____ If Yes, What Yr.? _____ Was it Discharged? (Y)es or (N)o: _____
- 19) Will this policy need to cover any Vendors Endorsements/Additional Insured's? (Y)es or (N)o: _____

Signature: _____

Date: _____