



Oakwood D&O Insurance Brokers LLC

General Liability Insurance Application

GENERAL INFORMATION:		
Company Name:		
Mailing Address:	State of Inc:	
City:	State of Inc:	
Number of Employees:	Date Est:	
Primary Contact:	Email:	Phone:

REVENUE AND BUSINESS INFORMATION:			
	Past Twelve Months:	Previous Year:	Next Twelve Months:
US Revenue:	USD:	USD:	USD:
Non-US Revenue:	USD:	USD:	USD:
Total:	USD:	USD:	USD:

What is your expected payroll for the next 12 months?

Including yourself, how many full-time, part-time, and temporary employees does your business have? (Do not include subcontractors).

Approximately how many square feet does your business occupy at this location?

Is your business operated out of your home, at this location?

Please describe the operations, goods, and/or services that your business provides:

For any questions, please contact Sarah Solomon – sarah@oakwooddno.com