

California-Business-Insurance.com

QUOTE APPLICATION

EMAIL, info@California-Business-insurance.com

TEL/FAX : 1866-491-7853

BUSINESS NAME, _____

BUSINESS OWNER NAME, _____

PARTNERS / ADDITIONAL OWNERS _____

DATE OF BIRTH, _____ SINGLE OR MARRIED _____

BUSINESS ADDRESS, _____

TEL # _____ FAX # _____

EMAIL, _____ WEBSITE _____

DATE BUSINESS ESTABLISHED _____ EXPERIENCE _____

CURRENT INSURANCE COMPANY _____ EXPIRATION DATE _____

WHAT'S ON THE RIGHT, LEFT, FRONT AND BACK OF THE BUSINESS LOCATION.
ATTACHED OR DETACHED.

RIGHT _____ LEFT _____ BACK _____ FRONT _____

SQFT OF YOUR BUSINESS _____ AND TOTAL LOT SQFT _____ BLDG YEAR BUILT _____

ANNUAL SALES / INCOME, IF NEW BUSINESS, APPROX _____ LIQUOR SALES ANNUALLY _____

IF RESTAURANT / CAFÉ/ DINE IN, TOTAL SITTING OCCUPANCY _____

DO YOU DELIVER/ CATERING SVC _____ ANNUAL SALES/ INCOME FROM CATERING _____

NUMBER OF EMPLOYEES _____ FULLTIME _____ PART TIME _____

COVERAGES REQUEST

COMM GENERAL LIABILITY LIMIT, _____

PROPERTY/CONTENTS/MERCHANDISE/ EQUIPMENT COVERAGE,\$ _____

DESCRIBE PROPERTY _____

EARTHQUAKE COVERAGE, (Y/N)_____ FLOOD COVERAGE, (Y/N)_____

ALARM COMPANY NAME, ADDRESS TEL # _____

LANDLORD, ADDITIONAL INSURED INFO AND ADDRESS _____

PLEASE EXPLAIN YOUR BUISNESS BRIEFLY _____

LOSSESS IN LAST 3 YEARS _____

PLEASE ANSWER ALL THE QUESTIONS, IN ORDER TO PROVIDE YOU AN ACCURATE QUOTE. FAX ALL PAPERS TO 1866-491-7853

or

Email to Info@California-business-insurance.com