

Fax your completed form to 626.966.9882

Business/Group Information

Business name and DBA \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ CA, Zip \_\_\_\_\_

Business Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_ Proposed Premium: \_\_\_\_\_

More than one location that needs coverage?  Yes  No

Carrier Information

Current Carrier: \_\_\_\_\_ Current Premium: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_

Previous Carriers, If any: \_\_\_\_\_

Any Claims?  Yes  No If yes, how many? \_\_\_\_\_ Number of Open Claims: \_\_\_\_\_

Is carrier offering renewal?  Yes  No If no, why? \_\_\_\_\_

Facility Information

1. What year was the facility built? \_\_\_\_\_

2. What is the number of employees? Part Time: \_\_\_\_\_ Full Time: \_\_\_\_\_

3. What are the gross annual revenues of last year and estimated gross annual revenues for this year?

\$ \_\_\_\_\_ (Last year) \$ \_\_\_\_\_ (Estimated)

4. How much of the building will be occupied \_\_\_\_\_ %

5. What is the Square Footage of your Facility? \_\_\_\_\_ Square Feet

6. Proposed Limits for the Facility? \$ \_\_\_\_\_ to \$ \_\_\_\_\_

7. What is the nature of the business (a brief description of operations)?

\_\_\_\_\_