

SAFEPRO INSURANCE SERVICES

PH: (888) 506-2835 [www.safeproins.com](http://www.safeproins.com) BUSINESS OWNER INSURANCE QUOTE QUESTIONNAIRE

Owner(s) Name(s): \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ CA Zip: \_\_\_\_\_

Location Street Address: \_\_\_\_\_ City \_\_\_\_\_ CA Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Website: \_\_\_\_\_

Email Address: \_\_\_\_\_ Years at this Location: \_\_\_\_ Years Experience: \_\_\_\_\_

Individual  Corporation  Partnership  LLC  Joint Venture  Other \_\_\_\_\_

DESCRIBE THE BUSINESS OPERATION IN DETAIL INCLUDING A DESCRIPTION OF GOODS OR SERVICES PROVIDED. IF APPLICABLE, INDICATE WHAT PERCENTAGE OF THE OPERATION IS RETAIL, WHOLESALE OR MANUFACTURING:

Annual Payroll (Excluding Owners) Current Year: \$ \_\_\_\_\_ Owners/Officers Payroll (If any) \_\_\_\_\_

Annual Gross Receipts/Sales/Rental Current Year: \$ \_\_\_\_\_ Previous Year \$ \_\_\_\_\_

Hrs. of Operations: Sat \_\_\_\_\_ Sun \_\_\_\_\_ M-F \_\_\_\_\_

Number of Loss Payees/Mortgagees/Additional Insureds (Landlord or any other entities)?  Yes  No,

If yes how many: \_\_\_\_ and Interest: \_\_\_\_\_

Number of Active Owners/Officers/Partners: \_\_\_\_\_ Number of active family members: \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_ Number of Part-Time Employees (under 20 hours weekly): \_\_\_\_\_

Are you involved in any other business operations?  Yes  No If yes, describe in Remarks

Do you or others operate any other business on the premises  Yes  No If yes, describe in Remarks.

Is a formal safety program in operation?  Yes  No

Are any guard/pet dogs kept on the premises?  Yes  No Do you keep firearms on the premises?  Yes  No

Do you own the building?  Yes  No

Property Construction Type:  Frame  Joisted Masonry (Brick)  Non-Combustible (Steel)

Masonry Non-Combustible (Tilt-Up Concrete)  Fire Resistive

What is the original year the building was built? \_\_\_\_\_ What type of roofing? \_\_\_\_\_

Indicate the year each of the following was updated:

Electrical/Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_ Roofing: \_\_\_\_\_ Other: \_\_\_\_\_

Entire Building Sq. Footage: \_\_\_\_\_ Entire Lot Square Footage: \_\_\_\_\_

What is the square footage of the space occupied by your business: \_\_\_\_\_ Customer Area Square Ft \_\_\_\_\_

Describe Parking: \_\_\_\_\_ How many parking space: \_\_\_\_\_

Total number of stories: \_\_\_\_ Total number of basements: \_\_\_\_ Building distance to a fire hydrant: \_\_\_\_\_ Ft

Building distance to a fire station: \_\_\_\_\_ Miles

Right exposure and Distance: \_\_\_\_\_ Left exposure and Distance: \_\_\_\_\_

Front exposure and Distance: \_\_\_\_\_ Rear exposure and Distance: \_\_\_\_\_

Please list occupants/tenants in the building and describe their business operations. Please indicate total number of units and if any unit is vacant:

\_\_\_\_\_

Does the building have an automatic sprinkler system covering 100% of the premises?  Yes  No

Does the building have fire alarm covering 100% of the premises?  Yes  No

If yes, Fire Alarm Manufacturer: \_\_\_\_\_

Do you have central station burglar alarm?  Yes  No If yes, Installed and serviced by: \_\_\_\_\_

Ph Number: \_\_\_\_\_ Certificate/Account #: \_\_\_\_\_

**PLEASE INDICATE THE AMOUNT OF COVERAGE YOU NEED**

COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000
HIRED AND NON-OWNED AUTO LIABILITY \$ _____	MEDICAL PAYMENT <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		DEDUCTIBLE: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
LIQUOR LIABILITY \$ _____	Other: _____		Other: _____

Building	\$
Business Personal Property (Content)	\$
Loss of Earning/Loss of Rents/ Loss of Business Income	\$
(EDP) Electronic Data Processing Equipment (Optional)	\$
Outdoor Sign (Optional)	\$
Crime (Content Burglary)	\$
Crime (Cash Robbery)	\$
Glass (need number of panes and measurements)	\$
Earthquake (Optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flood (Optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	
Other	
Deductible:	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000

**PRIOR CARRIER INFORMATION (Explain all "Yes" responses in remarks section)**

1) Any policy or coverage declined, cancelled or non-renewed during the prior 5 years? Yes  No

2) Any claims or occurrences for the past five years that may give rise to claims? Yes  No

3) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person or entity on whose behalf you or your business entity has assumed liability? Yes  No

4) Have you had any claims, occurrences or losses during the past 5 years? Yes  No  If yes, please describe in remarks section below.

Prior Business Insurance Carrier:

Policy Period \_\_\_\_\_ Carrier's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Month/Day/Year

Policy Period \_\_\_\_\_ Carrier's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Month/Day/Year

Policy Period \_\_\_\_\_ Carrier's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Month/Day/Year

Remarks:

This form is intended for general information only and it is not an insurance coverage application and does not constitute any coverage.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_