

ITEMS TYPED ON THIS FORM CAN BE SAVED
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www.AnchorWestInsurance.com

(888) 388-5655 toll free | (888) 288-5486 fax

CA Broker License #: 0G72981

Named insured _____ Contractor's License # _____

Owner's name _____ Contact's name _____

Phone #: _____ Cell # _____ Fax # _____

Email: _____ Preferred method of contact: Phone Fax Email Mail

Mailing address: _____

Physical/Premise address: _____

Business entity: Sole proprietorship Partnership Corporation LLC Other: _____

Business License # _____ FEIN: _____ OR SSN: _____

Hours of operation: _____ Out of state travel? Yes No

Desired limits of coverage: \$300,000 \$500,000 \$1,000,000 \$2,000,000/\$1,000,000

Completely describe the operations at this location:

Do you own the building? Yes No

Leasing it? Yes No

If owner is an occupant, % occupied _____

Any portion of the building vacant? Yes No

Do you sell or manufacture any products under your own label? Yes No

Does the applicant do any direct importing? Yes No

Are there any rental operations? Yes No

Is there a pick up or delivery service? Yes No

Describe all unusual operations or business practices not customary to this type of business:

**THIS IS NOT AN APPLICATION; IT IS ONLY A PRELIMINARY INFO SHEET FOR A QUOTE.
ADDITIONAL INFORMATION MAY BE REQUIRED.**

Years Experience: _____ Years in Business: _____

How long has the applicant been at this location? _____

Is any portion of the applicant's premises subleased? Yes No

Describe:

Neighbor/business on the left: _____

Neighbor/business on the right: _____

Neighbor/business on the rear: _____

of owners, partners, officers, members: _____ # of owners active in the business: _____

Full time employees _____ # Part time employees _____

Annual employee payroll: _____ Subcontractor costs: _____

Employee Benefit Liability Coverage (EBL): Yes No

Employee Practices Liability Insurance (EPLI): Yes No

Annual gross receipts: _____

Please list approximate annual sales by category:

Food sales: _____ Gas sales: _____

Alcohol sales: _____ Other: _____

Location information:

Construction type: Frame/Stucco Masonry Other: _____

Total are (in square feet) _____ # of stories: _____

of parking spaces, or square footage of parking area that you are responsible for: _____

Is this location on a pier, dock or waterfront? Yes No

Electrical system: Fuses Circuit Breaks Other: _____

Fire protection equipment: Fire extinguishers Sprinklers Smoke detectors Other: _____

Percent of building that has sprinklers _____

Fire alarm: Local (loud local noise only) Central station (connected to fire company) None

Burglar alarm: Local (loud local noise only) Central Station (connected to policy) None

Theft coverage (must have alarm): Yes No

Is this the predominant location/building? If yes, please describe: Yes No

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Will the business be closed for remodeling or building construction work during the policy period?

Yes No If yes, please describe: _____

Has the applicant had a fire loss at this location, or other property/business locations within the last 20

years? Yes No If yes, please describe: _____

Building, Personal Property, and Additional Coverages Information:

If the building is to be covered, please provide:

Current value \$_____ Year building was built: _____

Year plumbing was last updated: _____ Year electrical last updated: _____

Year heating last updated: _____ Year roofing last updated: _____

Business Personal Property Value \$_____

(Property that you own or lease for use in your business, stored at this location)

Select deductible: \$250 \$500 \$1000 Other: _____

Select liability limit: \$300,000 \$500,000 \$1,000,000 \$2,000,000 Other: _____

Hired auto/non-owned auto coverage: Yes No

Other coverages required: _____

Current insurance company (provide carrier name, policy number and policy effective dates:

Any losses or claims in the last five years? Yes No

If yes, please describe: _____

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Printed Name of Prospective Insured

Date

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