

~ If you would like a competitive quote, please complete this form ~
Business Liability & Property and/or Workers Compensation



Agency Contact- Richard Walton
(800) 928-0431 x128 Return fax (562) 928-8149

Date: _____ / _____ / _____

Insured Information

- **Named Insured(s):** _____
- **Practice Name:** _____
- **Phone:** _____ **Fax:** _____
- **Address:** _____
- **City:** _____ **Zip:** _____
- **Current Ins. Co.?** _____ **Exp. Date** / / _____
- **Form of Ownership:** Individual – Corporation - Partnership - LLC
- **Years in Business:** _____ **Email:** _____

Property Information

- **Year Property Built:** _____ **Property Type: Owned or Leased**
- **Form of building construction:**
Frame (wood) - Joisted Masonry (wood & stone) - Concrete
- **Sq. Ft. Occupied?** _____
- **Automatic Fire Sprinkler System?** _____
- **Fire Alarm (type)?** _____ **Burglar Alarm?** _____

Coverages & Exposures

- **Liability & Medical Limit:** \$ 1 Mil/\$2 Mil or \$2 Mil/\$4 Mil?
- **Property Deductible:** \$500 - \$1000 - \$2,500
- **Building Coverage Limit if owned:** \$ _____
- **Business Personal Property Limit:** \$ _____

Workers Compensation

- **Federal Tax ID number:** _____
- **Estimated Annual Payroll \$** _____
- **Number of Employees: Full-time** _____ **Part-Time** _____
- **Current policy expiration date?** _____
- **Number of claims in the last 3 years & amount?** _____