

SAFEPRO INSURANCE SERVICES  
BUSINESS INSURANCE QUOTE QUESTIONNAIRE

Owner(s) First and Last Name(s): \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location Street Address (1): \_\_\_\_\_ City \_\_\_\_\_ CA Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

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

Individual  Corporation  Partnership  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 premise?  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**

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

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

**INSURANCE INFORMATION** ARE YOU CURRENTLY INSURED  YES  NO, REQUESTED EFFECTIVE DATE \_\_\_\_\_ HAS AN INSURANCE COMPANY CANCELLED OR NON-RENEWED YOUR POLICY IN THE LAST 3 YEARS?  YES  NO    HAVE YOU HAD ANY LOSSES OR CLAIMS DURING THE LAST 5 YEARS?  YES  NO    IF INSURED NOW, PLEASE PROVIDE INSURANCE POLICY INFORMATION BELOW - **LOSS RUNS ARE REQUIRED – PLEASE EMAIL OR FAX THE LOSS RUNS TO OUR OFFICE.**

INSURANCE COMPANY (NOT THE AGENCY)	POLICY NUMBER	EFFECTIVE DATE MONTH AND YEAR	EXPIRATION DATE MONTH AND YEAR	# OF LOSSES (IF ANY)	ANNUAL PREMIUM
		/	to /		
		/	to /		
		/	to /		

STATE THE REASON YOU ARE APPLYING FOR QUOTE NOW? \_\_\_\_\_

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

By submitting this form, I am providing express written consent to being contacted by one or more agents/brokers of Safepro Insurance Services to discuss my interest, including offers of insurance, at the phone number and/or email address I have provided to you in submitting this form and/or additional information obtained. I consent by electronic signature to being contacted by telephone (via call and/or text) for marketing/telemarketing purposes at the phone number I provided in this form, even if my phone number is listed on a Do Not Call Registry,). I can revoke my consent at any time. I also understand that my agreement to be contacted is not a condition of purchasing any property, goods or services, and that I may call 1-888-506-2835 to speak with someone about obtaining an insurance quote. **DISCLAIMER:** This is a request for a price indication. This application does not bind the applicant nor the Company(s) to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

YOUR FIRST AND LAST NAME: \_\_\_\_\_ POSITION \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_