

CALPRO BUSINESSOWNERS APPLICATION

Applicants Full Legal Name (Individual/Partners)

Applicants Business Name (DBA or Professional Corporation)

Mailing Address City State Zip Code

Office Phone Number Fax Number

Applicant is: () Individual () Corporation () Partnership () Other

Number of Years in Business: Number of Years in Industry: Office Hrs:

Describe Business Operations:

EFFECTIVE DATE REQUESTED: Pay Plan: () Annual () Quarterly () Monthly

PROPERTY COVERAGE:

Location Address City State Zip Code

Applicants Interest: () Owner () Tenant Sq Ft Occupied:

LIMITS/VALUES: Replacement Cost \$500.00 Deductible (Underwriting Use:)

Personal Property of Insured: \$ Personal Property of Others/Lease Equip: \$

Tenant Improvements & Betterments: \$ Computers (Hardware & Software): \$

Building Construction Type: () Frame Stucco () Masonry () Non-Combustible () Fire Resistive

Number of Stories: () One () Two () Three () Other Is Building Sprinklered: () Yes () No

Year Built: If over 30 years old "Older Building Questionnaire" is required. (Please call our office)

What is located within 60 ft of Premises: Right Left Rear

Money Overnight: () Yes () No If Yes, how much: \$ Deposits: () Nightly () Other

Double Cylinder Dead Bolts: () Yes () No Bars or Mesh Screen on Windows: () Yes () No

Lighting in Front & Back: () Yes () No Safe on Premises: () Yes () No

Alarm System: () Central Station () Local () None Security Guard: () Yes () No

Building: \$ Total Bldg Sq Ft: If bldg coverage is provided, list all occupants & sq ft of each.

GENERAL LIABILITY COVERAGE:

() \$1,000,000 Per Claim/ \$2,000,000 Aggregate () \$2,000,000 Per Claim/ \$4,000,000 Aggregate

Estimated Gross Annual Receipts: Internet Sales: () Yes () No If Yes, % of Sales:

Does applicant sell any herbs &/or vitamins? () Yes () No If Yes, describe:

If Yes, Provide % of Sales:

() Additional Insured () Loss Payee () Mortgagee () Certificate Holder (Provide Name & Address)

AUTO COVERAGE: Non-Owned and Hired Auto () Yes () No

of Full-Time Employees: # of Part-Time Employees:

Do Employees use their own vehicles on company business: () Yes () No If Yes, Describe:

Does applicant own or long-term lease any vehicles? () Yes () No

Are employee health plans provided? () Yes () No

Does the applicant own or operate any other business? () Yes () No If Yes, Explain:

Does the applicant own or lease any property other than the premises listed? If Yes, describe the operation and provide the location address, include square footage:

Any bankruptcies, tax or credit liens against applicant in the past 5 years? () Yes () No

PRIOR POLICY/LOSS INFORMATION:

Carrier Policy # Expiration Date # of Losses whether or not insured

Describe Losses: Date, Cause, Amount, Claim Status:

Applicants Signature and Date