

# California Professional Insurance Services

14742 Plaza Drive, Suite 201

Tustin, CA 92780

Phone: 800-633-8884 Fax: 714-669-9230 License: 0773823

E-Mail: info@calproinsurance.com

## BUSINESS OWNERS' QUOTE REQUEST

Physician or Entity Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Physician's Specialty \_\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

Mobile/Cell #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## RATING INFORMATION

Proposed effective date of coverage: \_\_\_\_/\_\_\_\_/\_\_\_\_

BUSINESS TYPE:  Sole Proprietor  Partnership  Corporation

Number of years in business: \_\_\_\_\_ Number years of experience: \_\_\_\_\_

## PROPERTY

BUILDING:  Owner or  Tenant Sq. Ft. Occupied: \_\_\_\_\_ Age of Building: \_\_\_\_\_

LIMITS/VALUES: Building: \$ \_\_\_\_\_ (If building owner)

Personal Property of Insured: \$ \_\_\_\_\_ Personal Property of Others / Leased Equip: \$ \_\_\_\_\_

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

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

Number of Stories:  One  Two  Three  Other \_\_\_\_\_ Building Fire Sprinkler Sys:  Yes  No

*If more than one location provide property information for each location.*

## GENERAL LIABILITY LIMIT

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

Estimated Gross Annual Receipts: \$ \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Are employee health plans provided?  Yes  No

Any Claims - Last five (5) years:  Yes  No (If yes, describe loss: Date of loss, Cause, Amount Paid)

Any bankruptcies, tax or credit liens against you in the past five (5) years:  Yes  No

Currently Insured:  Yes, Expiration Date \_\_\_\_\_  No

**Please fax this form to (714) 669-9230**