

Request for Insurance



Named Insured: _____

Entity: Individual _____ Partnership _____ Corporation _____ LLC _____ Other _____

Federal ID # (FEIN): _____

Mailing Address: _____

Location Address: _____

Contact Person: _____ Phone Number: _____ Email: _____

Date you are responsible for leased premise? _____ Date you plan to open? _____

of Years' Experience (in business): _____ Building Year of Construction (approximate): _____

Construction Type (Circle One): Masonry Non-Combustible Non-Combustible Joisted Masonry Frame

Total Square Footage of Building: _____ Square Footage Occupied: _____ # of Stories: _____

If building is over 15 years old we MUST have the year the following were updated (approximate):

Electrical _____ Roofing _____ Heating _____ Plumbing _____

If Building is in a strip mall – who are the other tenants? _____

Sprinklered? Yes No Central Station Alarm? Yes No

Building Value Limit: _____ Contents/Personal Property Limit: _____

Property Deductible: \$250 \$500 \$1,000 \$2,500 \$5,000

Dog Washing Station? Yes No Pet Grooming? Yes No Veterinary Services? Yes No

Estimated Annual Payroll: _____ Estimated Annual Sales: _____

Number of Employees: Full Time _____ Part Time _____