

General Information	
Applicant's Name: _____	Contact: _____
Applicant's Email: _____	Phone: _____
Applicant's Mailing Address: _____	Fax: _____
Description of Operations/Areas of Practice: _____	FEIN: _____
	Years in Business: _____
	Gross Annual Revenue: \$ _____
	Proposed Effective Date: ___/___/___
Applicant conducts business as:	
<input type="checkbox"/> An individual <input type="checkbox"/> A corporation <input type="checkbox"/> A partnership <input type="checkbox"/> Other (Specify): _____	
Current Carrier: _____	Policy Term: _____
Any claims in the past 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> (If available, please provide currently valued Carrier loss runs)	

WORKERS' COMPENSATION QUICK QUOTE			
Estimated Annual Payroll: \$ _____ <small>(classification 8820 – Attorneys/all employees)</small>	# of Employees: _____	Full Time: _____	Part Time: _____
Please list all Corporate Officers or Equity Partners			
Name	Title	Percentage Ownership	Include or Exclude* <small>(if included, 2018 Maximum Payroll used \$128,700)</small>
		%	
		%	
		%	
*Per AB 2883, effective 01/01/17, Corporation Officers with less than 15% ownership must be Included.			

GENERAL LIABILITY / PROPERTY QUICK QUOTE	
Property Coverage Information	
Location No: _____	Address (if different than above): _____
Applicant is: <input type="checkbox"/> Tenant (i.e., non-owner occupant) <input type="checkbox"/> Lessor (i.e., owner occupying less than 75%) <input type="checkbox"/> Owner-Occupant (i.e., owner occupying 75% or more)	
Construction:	<input type="checkbox"/> Frame (including brick veneer) <input type="checkbox"/> Joisted Masonry or Non-Combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Fire Resistive; Steel, Glass
Fully Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Area occupied by applicant (in square feet): _____
Number of Stories: _____	Total Building square footage: _____
Year building built: _____	*If over 30 years old, provide date and extent of renovations for:
Electrical Wiring: Date: _____	Renovation: <input type="checkbox"/> Modest <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive
Heating System: Date: _____	Renovation: <input type="checkbox"/> Modest <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive
Plumbing System: Date: _____	Renovation: <input type="checkbox"/> Modest <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive
Roof: Date: _____	Renovation: <input type="checkbox"/> Modest <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive
Is unit alarmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Central Station? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Personal Property Limit Desired: \$ _____ <small>(Value of office contents, furniture, PC's, Phones, Copier, etc.)</small>	
Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	
Employee Benefits Liability <input type="checkbox"/>	Hired/Non-Owned Auto <input type="checkbox"/>
	Data Breach/Cyber Liability <input type="checkbox"/>

To the best of my knowledge, the information contained in this application form is accurate:	
Applicant's Signature: _____	Date: _____