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Simi Valley, Ca 93063
License No. 0595071
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GENERAL APPLICATION
BUSINESS PACKAGE INSURANCE
Liability and Property Coverage

This General Application must be completed by all applicants.

Name of Applicant: _____

Street and Mailing Address: _____

Applicant is a: Corporation LLC Individual Partnership Other

If Other, Please Explain: _____

Is Coverage desired for more than one Named Insured?

If yes, please provide their Name, Address, their relationship to the Applicant, and their percentage of ownership, if any. Use the space below:

Location of Property to be Insured: _____

Please describe your Business Operations. Please be as accurate as possible, your coverage may be affected by this:

Is Applicant engaged in any business or profession other than described above? _____

If yes, please explain: _____

BUSINESS PACKAGE INSURANCE Cont.

Is the building Sprinklered? Yes No
 Is the building Fenced? Yes No
 Is the building Alarmed? Yes No

If yes, What type? _____
 Manufacturer? _____

Is the owner responsible for the property maintenance? _____

Is there any previous earthquake damage? If yes, please explain: _____

Please provide all particulars of all similar insurance to the type requested carried by Applicant in the past five years:

Company	Policy Period	Limits of Liability	Deductible	Premium

Has Applicant been refused similar insurance in the past? _____ If yes, please explain:

Has Applicant's insurance been cancelled or had renewal decline in the past? _____ If yes, please explain: _____

Any previous Losses? If yes, please explain: _____

If Applicant does not currently have insurance of the type applied for herein, please explain why not and why this coverage is being requested now:

