

PLEASE NOTE: No quotation can be provided unless ALL questions are completed.

Effective Date Desired: _____

Entity Type: Individual Partnership Corporation Joint Venture LLC

Name of Insured: _____ **DBA:** _____

FEIN: _____ **Years in Business:** _____

Yes No **Is this a new venture?** **If Yes, years of experience in similar business:** _____

Occupant is: Tenant Owner **Number of Occupancies in Building:** _____

Yes No **Is the premise a home office?**

Premise Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address (if different from above): _____

City: _____ **State:** _____ **Zip:** _____

of Sole Proprietors, Partners, LLC Managers, or active Executive Officers: _____

of Full-time Employees/Agents: _____ **# of Part-Time Employees/Agents:** _____

Contact Person: _____ **Phone Number:** _____

Type of Business Activity: Real Estate Sales Leasing Property Management
 Appraisals Mortgage Broker

Total Company Annual Gross Revenue: \$ _____

Total Commissions paid to Agents (1099s) last 12 months: \$ _____

Total Payroll paid to Employees (W2s) last 12 months: \$ _____

Yes No **Do you have any prior/current Business Owners Policy insurance?**

If Yes: Who is your current insurance carrier? _____

When does your current policy expire? _____

How many years have you been insured? _____

PO Box 29502 #69121, Las Vegas, Nevada 89126 | P: (858) 618-1648 | F: (858) 618-1655 | www.cresinsurance.com

Yes No **Would you like coverage for the building?**

If Yes, Building Value: \$ _____

Yes No **Is the building within 5 miles of a responding Fire Department?**

Yes No **Is there a fire hydrant within 1,000 feet of the building?**

Yes No **Is there a Central Fire Alarm?**

Yes No **Is the building 100% covered by sprinklers?**

Yes* No **Any claims in the last 5 years?** *If yes, please provide Type of Claim, Claim Amount & Year on a separate sheet of paper. Please also provide a loss run report for all years insured

Yes No **Would you like coverage for Business Personal Property and Computer Coverage**

If Yes, Total Business Property Value: \$ _____

Please Note: The Square Footage, Construction type, Year Built, Year Roof Replaced and Year Electrical Upgraded are all required for General Liability terms, even if you are not seeking building coverage. If you do not have this information, please contact your landlord/property owner. They should have this information readily available.

Square Footage of Building: _____ **Square Footage Occupied by Applicant:** _____

Construction Type: Frame Joint Masonry Non Combustible Masonry NC
 Modified FR Fire Resistive

Year Built: _____ **Year Roof Replaced:** _____ **Year Electrical Upgraded:** _____ **Number of Stories:** _____

Liability Limit: \$500,000/\$1,000,000 \$1,000,000/\$2,000,000 \$2,000,000/\$4,000,000

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

Yes No **Hired/Non-Owned Auto Coverage?**

Yes* No **Do you need a Waiver of Subrogation?** *If yes complete info below

Yes* No **Do you need any Additional Insureds?** *If yes complete info below

Type: Landlord Mortgagee Equipment Lessee REO Vendor Other: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Print Name: _____ **Signature:** _____

Date: _____

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim coverage containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.