

BUSINESS INSURANCE FAST QUOTE

Doctor & Doctor Insurance agency Tel 818.368.3764 Fax 818.363.0167 Email quote@doctorins.com

GENERAL INFORMATION

Business Name	Type Of Business	How Did You Hear About Us?	
Describe Business Operations (If Not Obvious)			
Contact Person	Fed ID #	# Of Yrs In Business	____ Individual ____ Partner ____ Corp ____ LLC
Physical Address	Unit #	City	Zip Code
Mailing Address (If Different)	Unit #	City	Zip Code
Phone	Fax	E-Mail:	
Policies Needed: ____ Structure ____ Contents ____ General Liability			

BUILDING INFORMATION (If Applicable)

Structure Coverage Needed Yes No Not Sure If Yes, How Much? \$ _____

Building Is Owned By You Leased By You Owned By You But Rented To Someone Else

Year Built _____ Sq Feet _____ # Of Stories _____ Construction Type (Brick, Concrete, Etc) _____

Location Is Stand Alone Unit In Strip Mall / Shopping Center Enclosed In Mall Or Building

If Apartment, Building 1: # Of Units _____ Total Sq Feet _____ Building 2: # Of Units _____ Total Sq Feet _____

If Apartment, Manager Lives On Premises Yes No How Many Yrs _____ Swimming Pool Yes No

Type Of Parking _____ Parking Lot Attached Structure Detached Structure Carport

Burglar Alarm Yes No Alarm Company Name _____ Interior Sprinklers Yes No

Facing Your Building, What Is To The Right _____ Left _____ Front _____ Rear _____

Roof Type (Comp Shingle, Tile, Tar & Gravel, Etc) _____ Approx Age Of Roof _____

Plumbing Type (Copper, Galvanized) _____ Year Of Last Upgrade/Inspection _____

Electrical Type (Circuit Breakers, Fuses, Other) _____ Year Of Last Upgrade/Inspection _____

Heating Type (Central Heat, Wall Unit, Etc) _____ Year Of Last Upgrade/Inspection _____

BUSINESS INFORMATION

Current Policy In Place Now? Yes No If Yes, Please Provide Copy Of Declaration Page

How Many Years In Business? _____ If Less Than 2, How Many Yrs Experience In Same Field? _____

Do You Make Or Sell Any Products? Yes No # Of Employees _____ Total Annual Payroll \$ _____

If Coverage Needed On Contents (Equipment, Furniture, Etc) How Much \$ _____

Briefly Describe Type Of Contents _____

General Liability Coverage Needed Yes No If Yes, How Much (\$1 Million Is Standard) \$ _____

List Any Claims And Amount Paid In Last 3 Years _____

Current Annual Sales Revenue You Make _____ - Or - Current Monthly Rent You Receive _____

If Landlord Or Other Is Requesting To Be Additional Insured List Name _____