

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

Attn: _____ Member# _____

Important: (No Quotation can be provided unless **ALL** questions are completed)

Customer Information

Effective Date Desired: _____

Name of Insured: _____

DBA: _____ Years in Business: _____

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

Entity Type: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ LLC Other _____

Commissions paid to Agents last 12 months: \$ _____ Total Company Payroll last 12 months: \$ _____

Please provide FEIN: _____

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

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

Contact Person: _____ Phone Number: _____

Premise Address: _____

City: _____ State: _____ Zip: _____

Is the premise a home office? ☐ Yes ☐ No

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

Business Hours (must be closed before 12:00 midnight): _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Annual Gross Revenue: \$ _____

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

If Yes: 1. Who is your current insurance carrier? _____

2. When does your current policy expire? _____

3. How many years have you been insured? _____

4. Any claims in the last 5 years? ☐ Yes ☐ No

4a. If Yes, please provide Type of Claim, Claim Amount & Year on a separate sheet of paper.

5. Please provide a loss run report for all years insured

Business Personal Property: \$ _____ Computer Coverage: \$ _____

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

If Yes, Building Value: \$ _____

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

Is building Stand Alone? ☐ Yes ☐ No

Peril of Theft Excluded? ☐ Yes ☐ No

Is building part of a shopping center? ☐ Yes ☐ No

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 Remodel: _____ Number of Stories: _____

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

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

Outdoor Sign Coverage? ☐ Yes ☐ No If Yes, \$ _____

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

Money and Securities: ☐ \$5,000/\$5,000 ☐ Other \$ _____

Class C Safe? ☐ Yes ☐ No Other \$ _____

Liquor Liability: ☐ \$300,000 ☐ \$500,000 ☐ \$100,000,000

Beer and Wine Sales Only? ☐ Yes ☐ No

Annual Liquor Sales: \$ _____

Do you need any Additional Insureds? ☐ Yes (If yes complete info below) ☐ No

Do you need a Waiver of Subrogation? ☐ Yes (If yes complete info below) ☐ No

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