

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