

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

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: _____

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

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

Is the premise a home office? Yes No

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: \$ _____

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

If Yes: Who is your current insurance carrier? _____

When does your current policy expire? _____

How many years have you been insured? _____

Any claims in the last 5 years? Yes No

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

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

If Yes, Total Business Property Value: _____

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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

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

Hired/Non-Owned Auto Coverage? Yes No

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

Do you need any Additional Insureds? 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.

Arthur J. Gallagher Risk Management Services, LLC CA License #0D69293
For a complete list of license numbers by state, visit cresinsurance.com