

**CALPRO BUSINESSOWNERS APPLICATION**

Applicants Full Legal Name (Individual/Partners)

Applicants Business Name (DBA or Professional Corporation)

Mailing Address City State Zip Code

Office Phone Number Fax Number

Applicant is: ( ) Individual ( ) Corporation ( ) Partnership ( ) Other

Number of Years in Business: Number of Years in Industry: Office Hrs:

Describe Business Operations:

EFFECTIVE DATE REQUESTED: Pay Plan: ( ) Annual ( ) Quarterly ( ) Monthly

**PROPERTY COVERAGE:**

Location Address City State Zip Code

Applicants Interest: ( ) Owner ( ) Tenant Sq Ft Occupied:

LIMITS/VALUES: Replacement Cost \$500.00 Deductible (Underwriting Use:)

Personal Property of Insured: \$ Personal Property of Others/Lease Equip: \$

Tenant Improvements & Betterments: \$ Computers (Hardware & Software): \$

Building Construction Type: ( ) Frame Stucco ( ) Masonry ( ) Non-Combustible ( ) Fire Resistive

Number of Stories: ( ) One ( ) Two ( ) Three ( ) Other Is Building Sprinklered: ( ) Yes ( ) No

Year Built: If over 30 years old "Older Building Questionnaire" is required. (Please call our office)

What is located within 60 ft of Premises: Right Left Rear

Money Overnight: ( ) Yes ( ) No If Yes, how much: \$ Deposits: ( ) Nightly ( ) Other

Double Cylinder Dead Bolts: ( ) Yes ( ) No Bars or Mesh Screen on Windows: ( ) Yes ( ) No

Lighting in Front & Back: ( ) Yes ( ) No Safe on Premises: ( ) Yes ( ) No

Alarm System: ( ) Central Station ( ) Local ( ) None Security Guard: ( ) Yes ( ) No

Building: \$ Total Bldg Sq Ft: If bldg coverage is provided, list all occupants & sq ft of each.

**GENERAL LIABILITY COVERAGE:**

( ) \$1,000,000 Per Claim/ \$2,000,000 Aggregate ( ) \$2,000,000 Per Claim/ \$4,000,000 Aggregate

Estimated Gross Annual Receipts: Internet Sales: ( ) Yes ( ) No If Yes, % of Sales:

Does applicant sell any herbs &/or vitamins? ( ) Yes ( ) No If Yes, describe:

If Yes, Provide % of Sales:

( ) Additional Insured ( ) Loss Payee ( ) Mortgagee ( ) Certificate Holder (Provide Name & Address)

**AUTO COVERAGE:** Non-Owned and Hired Auto ( ) Yes ( ) No

# of Full-Time Employees: # of Part-Time Employees:

Do Employees use their own vehicles on company business: ( ) Yes ( ) No If Yes, Describe:

Does applicant own or long-term lease any vehicles? ( ) Yes ( ) No

Are employee health plans provided? ( ) Yes ( ) No

Does the applicant own or operate any other business? ( ) Yes ( ) No If Yes, Explain:

Does the applicant own or lease any property other than the premises listed? If Yes, describe the operation and provide the location address, include square footage:

Any bankruptcies, tax or credit liens against applicant in the past 5 years? ( ) Yes ( ) No

**PRIOR POLICY/LOSS INFORMATION:**

Carrier Policy # Expiration Date # of Losses whether or not insured

Describe Losses: Date, Cause, Amount, Claim Status:

**Applicants Signature and Date**