## La Jolla Professional Insurance Associates, Inc.

11300 Sorrento Valley Rd Ste 220 San Diego, CA 92121-1330

858-834-4040 | Bill@LJPIA.com | Fax: 858-834-4066

## **Property Information Request**

Kindly complete this form and then scan and email it or fax it to the fax number above. You can also just call and I will take the information over the phone: 858-834-4040 or fax to 858-834-4066 or email to bill@LIPIA.com

Insured		
Your Name		
Your contact phone number		
Your email		
New Location Address		
Is this a change of address or an additional location?	ChangeAdditiona	l Location
Is there a change in estimated annual gross sales due to this new location?	If yes, please indicate annual gro	ss sales for this new location
Is there a change in estimated annual payroll due to this new location?	If yes, please indicate annual payroll (not including owners) for this location.	
Name and Address of Landlord, or interested party as to appear on Certificate		
(I can call them to get the most of the information needed on this form.)		
Year building was built:	If over 20 years old, if any work he Year roof replaced  Year electric updated	nas been done:

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	Year HVAC updated
	Year plumbing updated
Construction Type (such as:	
Frame, Masonry, Concrete	
Tilt-up, Steel, etc	
Square Footage you are	
renting or occupying	
Square Footage of entire	
building	
Number of Stories	
Which Story or Stories does	
your suite occupy.	
Number of Basement Levels (if any)	
Is the building sprinklered?	
Name of Alarm Monitoring	
Company, if any	Note: Please contact them and ask for an "Alarm Certificate."
Are there any restaurants in	
the building?	
Please describe other	
businesses in the building.	
Remarks:	