

La Jolla Professional Insurance Assoc., Inc.

4275 Executive Sq Ste 200
La Jolla, CA 92037-1476
858-834-4040x1 | bill@LJPIA.com | Fax: 858-834-4066

Bill Ritman, CPCU
CA Insurance Lic # 0D62521

Date _____

Business Package Policy Information Requested

If easier, you can just call 858-834-4040 x1 and I can take the information over the phone. You can also fax this to: 858-834-4066, no cover sheet needed.

Your Name	
DBA or Company Name(s)	
Referred by	
Entity Type (Individual, Corporation, LLC, Non-Profit or Partnership)	
FEIN or Tax ID #	
Phone	
Fax	
Email	
Web Site	
Business Location Address	
How long at this location?	
Mailing Address (if different)	
Type of business you are in (Please describe your work. You can use a separate sheet if necessary.)	
How long in this industry?	
Do you own or need coverage for the building in which you are located? If so, what amount is needed?	
Coverage requested for Business Personal Property (not computers), if any coverage is wanted at all.	
Coverage for computers.	
Do you need a special increase in coverage for stock in trade during peak season? If so, what amount?	
Coverage requested for permanent fixtures or <u>tenant improvements</u> that exist in your rented	

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location, if any.	
Business Liability Insurance requested (amount) (usually \$1 mil or more)	
Estimated annual gross sales	
Est. % of sales from internet (if any) (Where entire transaction takes place online)	
Estimated annual payroll (not owners)	
Number of Full-Time Employees	
Number of Part-Time Employees	
Number of owners	
Do you sell any imported products? If yes, what are the countries of origin and % of gross sales from each country?	
Are any products sold for consumption on premises? If so, what % of sales is for on- premises consumption?	
What are the names, addresses, and phone or fax numbers of the landlord, mortgagee or any other interested party, who will want a copy of your policy?	
Note: You may not have any of the following information about your building; however I can contact your landlord directly to secure this information. Note 2: This information is required even if your main office is in your home.	
Year building was built.	
Total Square Footage of entire building.	
Square Footage of your suite only.	
How many stories is the building?	
If more than one, which story or stories do you occupy?	
If over 20 years old: Year roof replaced	
Year electric was updated, if any	
Year HVAC updated	
Year plumbing updated, if any	

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Do you have a full interior sprinkler system <u>or</u> other fire suppression device, such as an "Ansul system?"	
Do you have your own monitored fire or burglar alarm? If so, please supply the name and phone number of the responding alarm company.	
What other businesses are located in your building?	
Are any restaurants in your building?	
Is your building adjacent to a lumber yard?	
What is the type of building to the right of your building?	
To the left?	
Behind or in front?	
Name of current or prior insurer, if any:	
Policy Number:	
Expiration Date:	
Any claims in the past 3 years? If so, please describe including amounts paid, date of loss and type of loss.	
Are loss runs available from current or prior insurers?	
Remarks:	