

## General Liability Quote Form

Phone: 949 305-2300 | 949 877- REZA | Fax: 949 872-2301 | reza@rezashahinsurance.com | CA Lic. # 0C52065

Please complete full general information

GENERAL INFORMATION			
NAME INSURED(S):			
BUSINESS NAME IF ANY:			
MAILING ADDRESS:		CITY:	STATE: ZIP:
HOME PHONE:		CELL PHONE:	FAX:
EMAIL:		FEDERAL TAX ID#:	STATE ID#:
NATURE OF BUSINESS:		WEBSITE IF ANY:	
FORM OF YOUR BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION		OTHER OWNERS IF ANY:	
HOW MANY W-2 EMPLOYEES?: FULL TIME: PART-TIME:		ANY CLAIMS WITHIN 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
INSURANCE NEEDED: <input type="checkbox"/> BUILDING <input type="checkbox"/> BUSINESS PROPERTY <input type="checkbox"/> AUTOMOBILE UMBRELLA <input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> NON-OWNED AUTO <input type="checkbox"/> PROFESSIONAL LIABILITY		NAME OF CURRENT INSURANCE COMPANY, IF ANY:	
POLICY EXPIRATION DATE:		POLICY EFFECTIVE DATE REQUESTED:	LAST YEAR'S PREMIUM: \$
LIMIT: <input type="checkbox"/> 1 MILLION / 2 MILLION <input type="checkbox"/> 2 MILLION / 4 MILLION <input type="checkbox"/> 5 MILLION / 5 MILLION		EXPECTED ANNUAL REVENUES: \$	
POLICY LIMIT / DEDUCTIBLE INFORMATION			
BUSINESS PROPERTY DEDUCTIBLE: <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500			
EQUIPMENT INVENTORY COVERAGE AMOUNT: \$		BUILDING COVERAGE, IF NEEDED/OWNED: \$	
BUILDING DEDUCTIBLE, IF OWNED: \$		INTEREST TYPE: <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	
BUSINESS LOCATION:		CITY:	STATE: ZIP:
PROPERTY COUNTY:		YEAR BUILT:	SQUARE FEET:
COMMERCIAL VEHICLE INFORMATION (IF APPLICABLE)			
VIN #		MODEL OF CAR:	YEAR OF CAR: LICENSE PLATE #
ODOMETER:		AVG. ANNUAL MILES :	AGE LICENSED :

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## BUILDING INFORMATION

CONSTRUCTION TYPE:  FRAME  NON-COMBUSTIBLE  JOISTED MASONRY  MASONRY NON-COMBUSTIBLE  FIRE  BRICK

HOW MANY FLOORS (EXCLUDING BASEMENT):

BASEMENTS:  YES  NO

BUILDING REPLACEMENT COST \$

YEAR BUILT:

SQ. FT. BUILDING:

SQ. FT. OCCUPIED

ANY OTHER TENANTS?  YES  NO

MORE THAN 1000 FEET FROM HYDRANT?  YES  NO

IS BUILDING SPRINKLERED?  YES  NO

FIRE ALARM TYPE:  CENTRAL STATION  LOCAL  NONE

BURGLAR ALARM TYPE:  CENTRAL STATION  LOCAL  NONE

For Additional locations please repeat same questions answered on a separate sheet.

SECURITY CAMERAS?  YES  NO IF YES, HOW MANY?

## CERTIFICATE OF INSURANCE REQUEST

CERTIFICATE OF INSURANCE REQUESTED?  YES  NO (IF YES, PLEASE ATTACH INSURANCE REQUIREMENTS AND THIS SECTION)

NAME OF CERTIFICATE HOLDER AND/OR ADDITIONAL INSURED:

RELATIONSHIP TO INSURED:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

ADDITIONAL SERVICES REQUIRED:  WORKERS COMPENSATION  EMPLOYEE BENEFITS, MEDICAL  PROFESSIONAL LIABILITY (E&O)  
 401(K), PENSIONS  BUSINESS AUTO COVERAGE  BONDS

**PLEASE FAX THIS FORM TO 949.872.2301 OR  
EMAIL IT TO REZA@REZASHAHINSURANCE.COM**

*This form and information is intended for a quote. It is not an insurance contract. Actual policy describes your coverage.  
By submitting this form I certify that the information herein is accurate and true.*

SIGNATURE

DATE