



# Building (Tenant) — Questionnaire

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## Tenant Information:

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

DBA: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_

Fed.Tax ID# FEIN: \_\_\_\_\_ No. of Locations: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Description of Operations:

## Business Information: Location # 1

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

What is the building construction type? (wood frame, tilt-up concrete, etc) : \_\_\_\_\_

Total square footage of building \_\_\_\_\_ Square footage you occupy: \_\_\_\_\_

Number of stories: \_\_\_\_\_ Number of units: \_\_\_\_\_ Type of Roof: \_\_\_\_\_ Glass Coverage? \_\_\_\_\_

Annual Gross Receipts for this location: \$ \_\_\_\_\_ Business personal property value: \$ \_\_\_\_\_

Distance to fire hydrant (feet): \_\_\_\_\_ Distance to fire department (miles): \_\_\_\_\_

Year built: \_\_\_\_\_ (If older than 20 years, please provide the following information):

Do you have a burglar alarm system? Yes No Local or central station: \_\_\_\_\_

Do you have a fire alarm system? Yes No Local or central station: \_\_\_\_\_

Is the building sprinklered? Yes No % of building that is sprinklered: \_\_\_\_\_

Has the roof been replaced? Yes No Year of replacement: \_\_\_\_\_

Any wiring, plumbing, heating updates? Yes No Description & year of update: \_\_\_\_\_

### Landlord Information:

Landlord name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Fax: \_\_\_\_\_

City, \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Occupancy: \_\_\_\_\_

Special Requirements (such as additional insured):