



Business Info. + Property — Questionnaire

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General Information:

Company Legal Name: _____ Year business established _____

DBA: _____

Federal Tax ID# FEIN (or SSN): _____ Website: _____

Physical Address: _____ City _____ State _____ ZIP _____

Mailing Address: _____ City _____ State _____ ZIP _____

Telephone Number: _____ Fax Number: _____

Contact Name: _____ e-mail: _____

Entity type (corporation, partnership, sole proprietor, other): _____

Business Principals (names):

Sole Proprietor: _____

Corporation: President: _____ V.P. _____

Secretary: _____ Treas: _____

Partnership: _____ % _____ % _____

_____ % _____ % _____

Has your company or any of its principals filed for bankruptcy in the last 7 years? Yes No

Describe in detail what your company does:

What are your anticipated sales for this coming year? \$ _____ How many years experience you have? _____

What is your anticipated payroll for this coming year? \$ _____ How many employees do you have? _____

Do you share your office space with anyone else? Yes No

If yes, what does that business do? _____

Do you have a formal safety program in operation? Yes No

Business Personal Property value? \$ _____

General Liability limits desired? \$ _____ (occurrence) \$ _____ (aggregate)

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

Total square footage of building: _____ # of square feet you occupy? _____

Number of stories: _____ Number of units: _____ Type of Roof: _____ Glass Coverage? _____

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: Name as Additional Insured: _____ Other: _____

Landlord name: _____ Phone: _____

Address _____ Fax: _____

City, _____ State _____ Zip _____ Date of Occupancy: _____

Notes/Comments: