

## **Business & Commercial Insurance Quote**

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**Applicant Information** NAME: **BUSINESS NAME:** MAILING ADDRESS: PHONE: FAX: EMAIL: **Business Information** Wholesaler Retailer Manufacturer Contractor Service Provider Other: **BUSINESS TYPE:** BRIEF DESC. OF BUSINESS: # FULL TIME EMPLOYEES: # P/T EMPLOYEES: YEARS IN BUSINESS: # LOCATIONS: YR BLDG(S) BUILT: SQ FOOTAGE OCCUPIED: No Partial Full FIRE SPRINKLERED?: Yes (If yes:) No Central Local ALARM?: Yes (If yes:) CONSTRUCTION TYPE: (ie: frame, concrete, masonry, etc.) OWNED AUTOS?: Additional Information CURRENT INSURANCE CARRIER: ANNUAL PREMIUM: DESCRIPTION OF COVERAGE: RENEWAL DATE: ANY LOSSES IN THE PAST 3 YRS?: No Yes (If yes, please explain below EXPLANATION: AMOUNT PAID: EXPLANATION: AMOUNT PAID: **Notes/Special Considerations SUBMIT**