

Commercial Real Estate Owner (w/ Tenants)

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Applicant Information	n	
NAME:		
MAILING ADDRESS:		
PHONE:		
FAX:		
EMAIL:		
# OF BLDGS TO BE INSURED:		
Property Information		
FOR EACH BLDG:		
ADDRESS OR APN:		
ADDRESS OR ALTA.		
NUMBER OF UNITS:		
SQUARE FOOTAGE:		
YEAR BUILT:		
# OF STORIES:		
TYPE OF OCCUPANC(IES):		
FIRE SPRINKLERED?:	No Yes (If yes:) Partial Full	
CONSTRUCTION TYPE:		
(ie: frame, concrete, masonry, etc.		
ROOF TYPE: (ie: flat, pitched comp, pitched tile	e, etc.)	
PARKING TYPE:	ans ata)	
(ie: carport, tuck under, subterrane		
Additional Information	on	
FLOOD OR EARTHQUAKE INSUR	RANCE DESIRED?: Flood Earthquake	
PRESENT / PRIOR INSURANCE COMPAN(IES):		RENEWAL DATE:
REPLACEMENT VALUE FOR WHIC	CH BUILDING(S) IS/ARE CURRENTLY INSURED:	
ANY LOSSES IN THE PAST 3 YRS?	P: No Yes (If yes, please explain below)	
EXPLANATION:		AMOUNT PAID:
EXPLANATION:		AMOUNT PAID:
Notes/Special Consid	derations	
		SUBMIT