

# G. O. INSURANCE BUSINESS INSURANCE QUESTIONNAIRE

TEL: 888-751-8838/ 213-383-6100 FAX: 213-386-5834// 3700 Wilshire Blvd., #280 Los Angeles, CA 90010

1. Insured Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

2. Entity: \_\_\_\_\_  
*Sole Proprietor*                      *Partnership*                      *Corporation*

3. Address: \_\_\_\_\_ CA \_\_\_\_\_  
*Street*                                      *City*                      *State*                      *Zip Code*

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

4. Renewal Date \_\_\_\_/\_\_\_\_/\_\_\_\_                      5. Years in business: \_\_\_\_\_ years

5. Current Insurance carrier: \_\_\_\_\_ Current Annual Premium: \$ \_\_\_\_\_

6. Type of Business: \_\_\_\_\_

7. Business Hours: \_\_\_\_\_ \* *Delivery: Yes* \_\_\_\_\_ *No* \_\_\_\_\_

8. Area: \_\_\_\_\_ sq. ft.

Annual Gross Sales / Rental Income \$ \_\_\_\_\_

**Business Personal Property** \$ \_\_\_\_\_

9. **Building Owner?**    *Yes* \_\_\_\_\_    *No* \_\_\_\_\_  
Building Area: \_\_\_\_\_ Sq. Ft.                      Building Value: \$ \_\_\_\_\_

10. **Age of Building** \_\_\_\_\_ Years                      **Number of Story** \_\_\_\_\_

If it is older than 25 years, please answer ..... (Most recent building upgrades)

Electrical \_\_\_\_\_ year    Plumbing \_\_\_\_\_ year    Roofing \_\_\_\_\_ year    Heating \_\_\_\_\_ year

11. Fire Protection: Sprinkler \_\_\_\_\_ Fire Extinguisher \_\_\_\_\_ Smoke Detector \_\_\_\_\_

12. **Alarm System:** *Yes* \_\_\_\_\_ ( *Central Alarm* \_\_\_\_\_ or *Local Alarm* \_\_\_\_\_ )    *No* \_\_\_\_\_  
If Yes, **Alarm Company** \_\_\_\_\_

13. Neighbor Occupancy: *Left* \_\_\_\_\_ *Right* \_\_\_\_\_ *Rear* \_\_\_\_\_