

# G. O. INSURANCE BUSINESS INSURANCE QUESTIONNAIRE

TEL: 888-751-8838/ 213-383-6100 FAX: 213-386-5834// 3700 Wilshire Blvd. #1080 Los Angeles, CA 90010

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

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

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

TEL: \_\_\_\_\_ CELL: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

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

6. Type of Business: \_\_\_\_\_  
*Medical Recreational*

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

8. Area: \_\_\_\_\_ sq. ft.  
Annual Gross Sales / Rental Income \$ \_\_\_\_\_ *Business Personal Property* \$ \_\_\_\_\_

9. *Building Owner? Yes \_\_\_\_\_ No \_\_\_\_\_ Triple Net Lease? \_\_\_\_\_*

Building Area: \_\_\_\_\_ Sq. Ft. Building Value: \$ \_\_\_\_\_

10. *Does the Applicant have an approved safe? \_\_\_\_\_*  
*Minimum safe requirements: 800lb with a 1-hour fire rating: under 2000lb must be bolted to the ground*

11. *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 HVAC \_\_\_\_\_ year

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

13. *Which of the following security systems are utilized (please all that apply):*  
Central station burglar alarm \_\_\_\_\_ Exterior video cameras \_\_\_\_\_ Interior video cameras \_\_\_\_\_  
Interior motion detectors \_\_\_\_\_ Security guards - armed \_\_\_\_\_ Security guard – unarmed \_\_\_\_\_  
Door greeter/ID checker \_\_\_\_\_ Gated doors \_\_\_\_\_ Gated windows \_\_\_\_\_  
Hold-up button/panic button \_\_\_\_\_ Safe or vault \_\_\_\_\_ Fencing \_\_\_\_\_  
Dog(s); Breed and Number: \_\_\_\_\_  
If Yes, *Alarm Company?* \_\_\_\_\_  
If Outsource Security Guard, Which Company? \_\_\_\_\_

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