

# ALTAMONT INSURANCE BROKERS, INC.

Lic. No. OC15034

800-863-6395 209-835-6395

FAX 209-835-7395

## BUSINESS OWNERS PROPERTY/LIABILITY INSURANCE QUESTIONNAIRE

**Business name:** \_\_\_\_\_ **Entity:** \_\_\_\_\_

**Person to Contact:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Annual Gross Sales:** \$ \_\_\_\_\_

**Total Annual Payroll:** \$ \_\_\_\_\_ **Number of Employee:** F/T \_\_\_\_\_ P/T \_\_\_\_\_

**Building Coverage:** \$ \_\_\_\_\_ **BPP Coverage:** \$ \_\_\_\_\_

**Deductible:** \$ \_\_\_\_\_

**Building Construction Type:** ( ) Wooden Frame ( ) Metal ( ) Masonry

**Distance to Hydrant/Fire Station:** \_\_\_\_\_

**Year Built:** \_\_\_\_\_ **Total Area:** \_\_\_\_\_

**Roof Type:** ( ) Tile ( ) Composition ( ) Flat

**Building Improvements:** Wiring, Yr. \_\_\_\_\_ Plumbing, Yr \_\_\_\_\_

Roofing, Yr \_\_\_\_\_ Heating, Yr \_\_\_\_\_

**Surrounding Area:** Left \_\_\_\_\_ Right \_\_\_\_\_ Back \_\_\_\_\_

**Size of Parking Lot:** \_\_\_\_\_ **Glass Linear Feet:** \_\_\_\_\_

**Sprinkler:** ( ) Yes ( ) No **Fire/Burglar Alarm:** ( ) Yes ( ) No

**Commercial Auto:** VIN No \_\_\_\_\_ Drivers Name \_\_\_\_\_ License No. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Company Name:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Claims in the past 5 years:** ( ) Yes ( ) No

**If yes, please explain:** \_\_\_\_\_

### Liability Limit Desired

( ) \$1,000,000 ( ) \$2,000,000 ( ) \$3,000,000 ( ) \$5,000,000 ( ) Others