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COMMERCIAL/GENERAL LIABILITY INSURANCE QUESTIONNAIRE

Referred By:

Applicant Name:

Date of Birth *optional:*

Business Name:

Bankruptcy in last 7 Years: Yes No

Business Address:

Phone:

Fax:

Email:

Business Entity:

Individual Partner ship Corporation

Federal Tax ID:

How Long in This Business:

How Long in This Location:

Left Exposure:

Right Exposure:

Back Exposure:

Parking:

Common

Private

Valet

Parking Size:

Full Time Employee:

Part Time Employee:

Annual Payroll:

Landlord Name, Phone, and Address:

If you want your landlord as additional Insured

Total Area (Sq Feet):

Building Age:

Construction:

Frame

Concrete

Masonry

Building Fire Protection: Fully Sprinkler Partial Sprinkler Fire Extinguisher

Plumbing: Copper Galvanize **Last Update:** **Electrical:** Breaker Fuzes

Last Update:

Heating: Natural Gas Electric **Last Update:** **Roof:** Tile Composition Metal

Last Update:

Number of Floors: **Monthly Rent:** **Business Hours:** **How**
Many Days a Week:

Annual Gross Sale (excluding liquor):

Annual Liquor Sale:

Average Entrée Price:

Liquor Receipt is _____ **% of total receipts.**

Is there entertainment, bouncers, or dancing? Yes, please explain No

Does the insured operate microbrewery at any location? Yes No

Total Equipment Value:

Total Inventory Value:

Lease Hold Improvement:

Out side Sign Value:

Alarm: Yes No

Alarm Company:

Prior Insurance Carrier:

Policy #:

Renewal Date:

Losses in Last 5 Years:

| Date of Loss | Type of Loss | Amount of Loss | Close/Open |
|--------------|--------------|----------------|------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |

Please describe your business:

Name and Signature of the Person Completing This Application:

Please Print Name Here

Signature Here