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ALEXANDER EDDY
 INSURANCE AND
 FINANCIAL SERVICES

BASIC INFORMATION FOR BUSINESSOWNERS INSURANCE QUOTATION

(Please complete and return by fax or U.S. Mail or email: info@aedly.com)

Date: _____

Owner/Insured's Name: _____

Tel (____) _____ - _____ (W)

(____) _____ - _____ (Mobile)

Fax (____) _____ - _____

1. Nature of Operation: _____
2. Address: _____
3. Individual _____ Partnership _____ Corporation Type _____

Location 1: (if more than one location please copy this form and complete for each location).

PROPERTY SECTION

Select Deductible:

1. Building Value: \$ _____ \$250 \$500 \$1,000 \$2,000
2. Office Equipment: \$ _____
(e.g.: furniture, copiers, telephones)
3. Electronic Data Processing Equipment: \$ _____
e.g.: Computers (Hardware & Software) / Network
4. Leasehold Improvements: \$ _____
5. Accounts Receivable: \$ _____
6. Fine Arts: \$ _____ Appraised: Yes No Deductible: \$ _____
7. Valuable Papers(Client Record, Manuals, Drawings, etc.): \$ _____ Deductible: \$ _____
8. Annual Gross Profits: \$ _____
9. Property of Others in Care, Custody and Control by You: \$ _____
10. Glass: \$ _____ How many panes? _____ Size of Each Pane: _____
11. Sign(s): \$ _____ Size: _____
12. Other: Property Type _____ Value \$ _____



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LIABILITY SECTION

1. Circle Liability Limit: \$500,000 \$1 Mil \$2 Mil
2. Annual Gross Receipts: \$ _____
3. Umbrella Liability Limit: \$ _____ Self-Insured Retentions (if any): \$ _____
4. Total Area of the building: _____ Sq. Ft. Area of your Premise: _____ Sq. Ft.
5. Any Sales from Alcohol: Yes No If yes, How much: \$ _____
6. Is there a Professional Liability Policy: Yes No
If yes, Limit: \$ _____ Insurance Company's Name: _____
Expiration Date: ____/____/____ Policy No. # _____

GENERAL QUESTION

1. How many years of experience in this business: _____ years
2. Has there been any change in ownership or percentage of ownership? YES / NO
If the answer is yes please provide details on a separate sheet.
3. Is there a change in entity form? YES / NO
If the answer is yes please provide details on separate sheet.
4. Any purchase or merger with another entity contemplated or has such occurred? YES / NO
If the answer is yes please provide details in separate sheet.
5. Year this business started: _____ At Present Location: _____ years
6. Prior Insurance History for Past 5 years:

Policy Period		Name of Company	Policy No.	Expired Premium
Inception	Expiration			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			

7. Ever been canceled or Non-Renewed within last 5 years: Yes No
If yes, why: _____
8. Any loss(es) in last 5 years: Yes No
If yes, explain _____
9. Building Construction Type: Frame/Stucco Joisted Masonry Other _____



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10. Fire Sprinkler: Fully Partially _____ %
11. Year Built of the Building: _____ Number of Stories: _____
 If the Building 15 years or older, year updated:
 Year Updated: Roof _____ Plumbing _____ Electrical _____
 Heating _____
12. Theft Alarm on the premise: Yes No
 If yes, What type: _____
 Servicing Company: _____
13. Business Hours: _____ to _____
14. How many days per week: _____
15. Occupancy on your Right side: _____ Left side: _____
 Rear side: _____
16. Additional Insured's Name & Address: (Landlord, Lessor of Equipment, etc.)

Loss Payee's Name & Address: (Bank, Lender, Lessor of Equipment, etc.)

_____/_____/_____
Date

Insured's Signature