



California Business Owners!

Fill out and fax us the information below for a **fast, free** quote!!

Business name:			
Your Name:		Lic. No:	Fed. Employee No:
Business address:			
Business phone:		Cell phone:	Fax:
E-mail Address:		Est. Annual Gross Receipts: \$	
Years in Business:	# Owners/Partners:	# Employees:	# Losses (past 3 years):
Current Insurance Company:		Expiration Date:	
Brief Description of Type of Work:			

Building and Personal Property Information

Is this the predominant building/location _____	Occupancy group _____
Occupancy type _____	If the building is to be covered, enter value _____
Business Personal Property value _____	Deductable _____
Liability Limit _____	If owner is an occupant, enter % occupied _____
% of Building that is sprinklered _____	Construction type _____
Total square footage _____	Year built _____
Year plumbing was last updated _____	Year electrical was last updated _____
Year heating was last updated _____	Year roofing was last updated _____

Start Saving Today With Work Comp For Less!