



COMMERCIAL SPECIALISTS INSURANCE SERVICES  
LIC # 0D80851

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[WWW.CSISONLINE.COM](http://WWW.CSISONLINE.COM)

**COMMERCIAL BUILDING OR APARMENT BUILDING**

**How did you hear about us?**

- BIA  Chamber of Commerce  Current Client  Email  
 Google  Mailer  Yahoo  Yellow pages  
 Referral: \_\_\_\_\_  Website: \_\_\_\_\_

Named insured \_\_\_\_\_ Contractor's License # \_\_\_\_\_

Owner's name \_\_\_\_\_ Contact's name \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

Email: \_\_\_\_\_ Preferred method of contact:  Phone  Fax  Email  Mail

Mailing address: \_\_\_\_\_

Physical/Premise address \_\_\_\_\_

Business entity:  Sole proprietorship  Partnership  Corporation  LLC  Other: \_\_\_\_\_

Provide a complete description of the operations at this location:

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

How long has applicant been in this type of business? \_\_\_\_\_

Describe all adjoining/adjacent occupancies and/or vacancies:

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

Total annual commercial occupancy rental receipts \_\_\_\_\_

Total annual apartment rental receipts \_\_\_\_\_

# of commercial units \_\_\_\_\_ # of commercial unit vacancies \_\_\_\_\_

# of apartment units \_\_\_\_\_ # of apartment unit vacancies \_\_\_\_\_

THIS IS NOT AN APPLICATION, IT IS ONLY A PRELIMINARY INFO SHEET FOR A QUOTE.  
ADDITIONAL INFORMATION MAY BE REQUIRED.

Total area occupied by the following:

Auto body/repair/car washes: \_\_\_\_\_ Dry cleaners/laundries: \_\_\_\_\_  
 Machine Shops/Manuf./Warehouse: \_\_\_\_\_ Mercantile/Retail Stores: \_\_\_\_\_  
 Food & Beverage Services: \_\_\_\_\_ Offices: \_\_\_\_\_  
 Nurseries: \_\_\_\_\_ Apartments: \_\_\_\_\_  
 Vacancies: \_\_\_\_\_  
 Other: \_\_\_\_\_

Does applicant own or run any of these commercial occupancies? If yes, explain:

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Does applicant live in any of the apartment units?  Yes  No

Parking area or number of spaces: \_\_\_\_\_

Any remodeling or building construction work to be performed during the policy period?  No  Yes -  
Please explain: \_\_\_\_\_

Electrical system protected by:  Fuses - amperage \_\_\_\_\_  Circuit breakers

Fire station within 5 miles?  Yes  No

Fire hydrant within 1,000 feet?  Yes  No

Fire extinguishers?  Yes  No

Sprinklers?  Yes  No

Smoke detectors?  Yes  No

% of building that has sprinklers: \_\_\_\_\_%

Fire alarm?  Local  Central station  None

Burglar alarm?  Local  Central station  None

Name of company and phone number: \_\_\_\_\_

Automatic fire suppression equipment over commercial cooking surfaces/exhaust flue?

Yes  No  N/A

How often are commercial flues cleaned by a professional service? \_\_\_\_\_

High temperature limit cut-off switches on all commercial deep fat fryers/ovens:

Yes  No  N/A

4-year policy history:

Policy period:	Carrier name:	Policy #
____/____/____ To ____/____/____		
____/____/____ To ____/____/____		
____/____/____ To ____/____/____		
____/____/____ To ____/____/____		

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Loss history for the past 4 years: Include claims reported, unreported, and known occurrences which may result in a claim):

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Has applicant ever had a fire loss at this or other property or business within 20 years:  No  Yes - explain: \_\_\_\_\_

Does applicant own any other income property or business?

No  Yes - explain: \_\_\_\_\_

Is this the predominant location/building?  Yes  No

If building is to be covered, enter value: \_\_\_\_\_

Year building was built: \_\_\_\_\_ Year plumbing was last updated: \_\_\_\_\_

Year electrical last updated: \_\_\_\_\_ Year heating last updated: \_\_\_\_\_

Year roofing last updated: \_\_\_\_\_

Enter business personal property value: \_\_\_\_\_ (minimum \$10,000)

Select deductible:  \$250  \$500  \$1000  other \_\_\_\_\_

Select liability limit:  \$300k  \$500k  \$1,000,000  \$2,000,000  other \_\_\_\_\_

If owner is an occupant, enter % occupied: \_\_\_\_\_%

Select construction type:  Frame/stucco  Masonry  Other \_\_\_\_\_

Elect Off-Premise Power Failure Coverage:  Yes  No

Employee Benefit Liability Coverage (EBL):  Yes  No

Loss of Earnings Coverage: Monthly \_\_\_\_\_ Aggregate \_\_\_\_\_

Theft coverage:  Yes  No (must have alarm)

Hired auto/non-owned auto coverage?  Yes  No

Other coverages requested:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date