

# Guarino Insurance Agency- Commercial Liability and /or Property Quote Request

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Please write clearly and fax, mail or email to our office when completed. Thank you.

Business Legal Name, include dba if applicable:

Primary Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ FEIN # \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Website: \_\_\_\_\_  
Legal Entity (Corp, LLC, Partnership, Individual): \_\_\_\_\_ Number of Owners: \_\_\_\_\_

**Describe your business in detail in 3-4 sentence paragraph on another page or by email and also briefly describe the final user/client of your product/service.**

Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Leased: \_\_\_\_\_ Annual Gross Sales: \_\_\_\_\_

Annual Payroll: \_\_\_\_\_ Date Business Started (month/year): \_\_\_\_\_

Sub contracting costs (if any): \_\_\_\_\_ Type of Work Subcontracted: \_\_\_\_\_

Are there any other businesses that are owned or operated by you that are not to be covered by this policy? \_\_\_\_\_ If yes, please describe and use additional pages if needed.

Requested date for coverage to begin: \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_ Current Premium: \_\_\_\_\_

Have you had any claims/losses in the past 3 years? \_\_\_\_\_ If yes, please describe including date(s) of loss and \$ paid out. Use additional pages if needed. Please supply loss runs/history if available.

## Location Information

If multiple locations, we need this information for each location.

Location #1

Location Address: Same as Address above? \_\_\_\_\_ If no, please provide the building address \_\_\_\_\_

Are you the owner or tenant: \_\_\_\_\_ If an owner, we will have additional questions not included, but needed, to quote building coverage. We will contact you.

Sq ft of the building: \_\_\_\_\_ Sq ft occupied by your business: \_\_\_\_\_

How many stories: \_\_\_\_\_ Year of construction: \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Year updates to the following completed:

Heating \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Roof \_\_\_\_\_ Roof Type \_\_\_\_\_

Are there other businesses in the building? \_\_\_\_\_ If yes, provide a list of the other businesses: \_\_\_\_\_

Any people living in the building: \_\_\_\_\_ Is building sprinklered: \_\_\_\_\_ If yes, what percentage is sprinklered: \_\_\_\_\_ Is there a burglar alarm system: \_\_\_\_\_ If yes, is it monitored? \_\_\_\_\_ If yes, who monitors: \_\_\_\_\_

Please advise if there are other security measures such as security cameras, guards, guard dogs, etc.

General Liability Per Occ limit: (\$1mil, \$2mil, or other \_\_\_\_\_ Aggregate (\$2mil/\$4mil) \_\_\_\_\_

Waiver of Subrogation? Y or N Primary and Non Contributory Endorsement ? Y or N

Additional Insureds Required? Y or N, if Y, how many? \_\_\_\_\_

Excess Liability Needed? Y or N, if Y, limit? \_\_\_\_\_

Property coverage limit (put N/A if not desired): \_\_\_\_\_ Deductible: \_\_\_\_\_

Tenant Improvements/Betterments Coverage Needed and Limit (if any): \_\_\_\_\_

Do you need any of the following insurance coverages (circle): Worker's Compensation Group Health Employment Practices Liability (EPLI) Cyber Commercial Auto Bond Professional Liability Directors&Officers Liability Group Life Other \_\_\_\_\_