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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.)

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

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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Insured's Signature