



Sierra Insurance Associates, Inc.
12242 Business Park Dr. #1
Truckee, CA 96161
(530) 550-0123
admin@sierrainsurance.com

Commercial Insurance Questionnaire

General information:

Business Name (d.b.a.): _____

Legal Name: _____

Mailing Address: _____

Physical Address: _____

Contact Person: _____ Phone: _____ Fax: _____

Email Address: _____ Web site: _____

Type of Entity: Individual Partnership Joint Venture Corporation Other

Years in Business _____ FEIN: _____

Effective Date: ____/____/____ Expiration Date: ____/____/____

Description of Operations: _____

Estimated Sales Receipts: _____

Annual Payroll: _____

Prior Insurance Carrier Information (3 years):

Carrier	Premium	Policy Number	Effective Date:
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

Claim, Loss & Incident Information (3 years):

Date of Loss:	Description of Loss	Amt of Claim/Loss*	Date Valued	Open/Closed?
____/____/____	_____	_____	____/____/____	_____
____/____/____	_____	_____	____/____/____	_____
____/____/____	_____	_____	____/____/____	_____
____/____/____	_____	_____	____/____/____	_____

*Amount of Claim or Loss to include all amounts paid or reserved, including defense and other expense.

Premises Address: _____

Coverage Requested:

Building Coverage \$ _____
Business Personal Property \$ _____
Rental Income \$ _____
EDP Equipment, Data & Media Limit: \$ _____
Deductible: ___ \$500 ___ \$1,000 Other \$ _____

General and Excess Liability:

General Liability Limit: ___ \$1,000,000/\$2,000,000 ___ \$2,000,000/\$400,000,000 ___ Other
Excess Liability Limit: ___ \$1,000,000 ___ \$3,000,000 ___ \$5,000,000

Additional Insured/Loss Payee Information. Please indicate nature of interest below:

___ Mortgagee/Loss Payee ___ Designated Person of Organization
___ Manager or Lessor of premises ___ Grantor of Franchise
___ Lessor of leased equipment ___ State/political subdivision
___ Other _____

Name

Address City State Zip

Premises Exposures:

Occupancy: ___ Single ___ Multiple
Name & Operations of Tenant _____
Square Footage _____ Number of Stories: _____ Age of Building: _____
Date of last building updates: _____ Wiring ___ Plumbing ___ Roof ___ Heating
Roof Material _____
Construction: ___ Frame ___ Metal ___ Masonry ___ Fire Resistive ___ Other
Sprinkler System? ___ Yes ___ No
Central Station Burglar Alarm? ___ Yes ___ No

Describe all adjacent exposures and the distance from your premises (i.e., restaurants, bakeries, etc)

To the Right: _____

To the Left: _____

To the Rear: _____

Automobile Exposure (attach separate sheet, if necessary):

Year: _____
Make: _____
Model: _____
VIN: _____
Full Coverage? ___Yes ___No
Value _____

Year: _____
Make: _____
Model: _____
VIN: _____
Full Coverage? ___Yes ___No
Value _____

Year: _____
Make: _____
Model: _____
VIN: _____
Full Coverage? ___Yes ___No
Value _____

Year: _____
Make: _____
Model: _____
VIN: _____
Full Coverage? ___Yes ___No
Value _____

List all Employees who Drive on Company Business (attach separate sheet, if necessary):

Name: _____
Drivers Lic. #: _____
Date of Birth: ____/____/____
Marital Status: _____
Gender: ___M ___F
Violations _____

Name: _____
Drivers Lic. #: _____
Date of Birth: ____/____/____
Marital Status: _____
Gender: ___M ___F
Violations _____

Name: _____
Drivers Lic. #: _____
Date of Birth: ____/____/____
Marital Status: _____
Gender: ___M ___F
Violations _____

Name: _____
Drivers Lic. #: _____
Date of Birth: ____/____/____
Marital Status: _____
Gender: ___M ___F
Violations _____

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that submission of this application does not bind coverage with an insurer.

Signature

Date

Print Name

Title