

ACCOUNT PROFILE

Business Name_____

Owner/Contact Person_____

Address_____

Phone #_____ Fax#_____

Type of Business_____

Hours of Operation_____ # of Days_____

How Long In Business_____ How Long @ Location_____

Circle One: Individual Partnership Corporation L.L.C.

Gross Receipts for 12 mos._____ Alcohol Receipts_____

Rental Receipts_____ Food Receipts _____ Delivery?_____

Owns or Rents Location ? _____ Age of Building _____ Sq.Ft. _____

Construction (Frame/Masonry) _____ Glass? _____

Fire Protection: Smoke Detectors C.S. Alarm Sprinklered Fire Extinguishers

Insurance Carrier Name _____ X-Date _____

Any Losses? If so, explain _____

Prevention of Future Losses if applicable _____

Liability Limit Desired _____ Contents Limit _____

Building Limit if applicable _____ Earthquake? _____

Deductible 250 500 750 1000 2500 Any Employees? How Many? _____

Special Needs or Desires? _____