



COMMERCIAL SPECIALISTS INSURANCE SERVICES

LIC # 0D80851

3315 Old Conejo Road, Thousand Oaks, CA 91320

PHONE: 888.501.2747 (CSIS) FAX: 888.502.2747 (CSIS)

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 _____

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:

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):

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:

Signature

Date

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