



**benefitexperts**  
BENEFITS, INSURANCE, AND HR

**Benefit Experts Insurance Agency, Inc.**

228 Hamilton Avenue, 3<sup>rd</sup> Floor

Palo Alto, CA 94301

Tel: 650.798.5220 Fax: 650.618.8618

[www.benefitexperts.com](http://www.benefitexperts.com)

**Commercial Insurance Information Request**

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Name of Applicant: \_\_\_\_\_

DBA: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Legal Entity (Check one):

Individual      Partnership      Corporation      LLC      Other:

Description of Operation: \_\_\_\_\_

Years in business: \_\_\_\_\_ Years of experience: \_\_\_\_\_

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**General Liability Information**

Estimated Annual Receipts/Sales: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Gross Annual Payroll: \_\_\_\_\_

Sub-Contractor Payroll/Costs: \_\_\_\_\_

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Insurance Coverage Requested:

Business Owners Policy      General Liability      Professional Liability (E&O)  
Commercial Auto      Workers Compensation      Directors & Officers  
Employment Practices Liability      Other: \_\_\_\_\_

Current Insurance Carrier (If none, enter none) \_\_\_\_\_

Current Expiration Date: \_\_\_\_\_

Current Retroactive Date (if applicable): \_\_\_\_\_

Current Policy Limits: \_\_\_\_\_

Requested Policy Limits: \_\_\_\_\_

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**Property Information -Required for all Property and Business Owner policies (most GL)**

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sq. Feet: \_\_\_\_\_

Describe Occupancies (if building owner): \_\_\_\_\_

Year Built: \_\_\_\_\_ # of Stories: \_\_\_\_\_ % Sprinklered: \_\_\_\_\_

Renovation Dates:

Roof \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating/AC: \_\_\_\_\_

Requested Coverage Values

Building: \_\_\_\_\_ Business Personal Property: \_\_\_\_\_

Tenant Improvements: \_\_\_\_\_

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### Workers Compensation Information

Federal Employer Identification Number (FEIN) or Social Security # {Required}:

Number of Employees

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Seasonal: \_\_\_\_\_

Sub-Contractors: \_\_\_\_\_

Medical Benefits offered:                      Yes                      No

If Yes, Medical Carrier:

Paid Vacation:                                      Yes                                      No

Formal Safety Program                              Yes                                      No

Total Estimated Annual Payroll: \$

Payroll Information

Class Code, Description/Duties	# of Employees	Estimated Payroll

Officers/Owners to be Excluded: (Must have % ownership of company)

Name	Title	Estimated Payroll	% ownership

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