

# General Liability – Under 5 Minute Quote Worksheet

Please complete and return, fax (925) 416-1693, e-mail [info@a-ains.com](mailto:info@a-ains.com) or call (800) 987-1475

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Is this office in your home? Yes No Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Type of Business Operation: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Type of Ownership: Sole Proprietor Corporation LLC Partnership Other

Year Business Established: \_\_\_\_\_ Total # Of Locations: \_\_\_\_\_

Business Personal Property: (i.e. computers, desks, contents, etc.): \$ \_\_\_\_\_

Tenant Improvements (Build Outs): \$ \_\_\_\_\_

Year Building Constructed (Estimate ok): \_\_\_\_\_ Sprinkler System (ceiling): Yes No

Square Feet of Building: \_\_\_\_\_ Square Feet To Be Insured: \_\_\_\_\_

Are you the only business located in the building? Yes No

Number of Stories: \_\_\_\_\_ Building Occupancy: Owner Tenant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Title (Print): \_\_\_\_\_



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