

Brubaker & Associates

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Business Insurance Proposal Request

Business Name:				Contact Name:			
Business Address:				Email:			
City:			State:		Zip Code:		
Phone Number:		Fax Number:			Cell Phone Number:		
Business Description:							
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partners <input type="checkbox"/> LLC							
Number of Years in Business:		Number of Years in Industry:		Requested Effective Date:			
Current Insurance Carrier:			Expiration Date:			Premium:	
General Liability							
Requested Coverage Amount:		Premises Area (Square Feet):		Any Losses in the last 5 years:			
Annual Gross Receipts:		Annual Payroll:		Number of Employees:			
Property Coverage							
Building Year:	Construction Type:		Fire Sprinklers:		Alarm Type:		
Building Limit:	Business Property Limit:		Deductible:		Number of Stories:		
Business Auto							
Driver Name		Date of Birth	License Number		State	# of Tickets in the last 3 years	# of Accidents in the last 5 years
Car No.	Year	Make	Model	Vehicle ID Number		Garage Address	Cost New
1							
2							
3							
4							
5							
Current Coverage Limits:							
BI/PD:		Medical:	Uninsured Motorist:		Comp Ded:	Coll Ded:	
Hired and Non-Owned Auto			Special Equipment Coverage:		Rental Reimbursement:	Towing:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No