



(800) 880-2747 PH
(858) 618-1655 FAX

www.cresinsurance.com

Return App To: _____ Member #: _____

TopBop Quotation Questionnaire

IMPORTANT: (No Quotation can be provided unless ALL questions are completed)

Customer Information

Effective Date desired: _____

Name of Insured: _____

DBA: _____ Years in Business: _____

Contact Person: _____ Phone Number: _____

Premise Address: _____

City: _____ State: _____ Zip: _____

Business Hours (must be closed before 12:00 midnight): _____

Any **Delivery**? Yes No If yes, what is % of total sales? (must be less than 5%) _____

Mailing Address (if different from above) _____

City: _____ State: _____ Zip: _____

Type: Individual Partnership Corporation
Joint Venture Limited Corporation Others _____

Program: Restaurant Retail Office

New Venture? Yes No If Yes, years of experience in similar business: _____

Number of Principals _____ Number of Employees _____

Past Loss History must be indicated: Any claims last 3 years? Yes No

(if there are claims, list type, \$ and year) _____

Property

Building: \$ _____ Business Personal Property: \$ _____

Computer Coverage: \$ _____ Glass Linear Feet: _____

Area of Building: _____ Area Occupied: _____ Sprinkler (100%) : Yes No

Central Station Alarm: Yes No

Construction Type: Frame Joist Masonry Non Combustible
Masonry NC Modified FR Fire Resistive

Surrounding Occupancy:

North: Alley Industrial Merchantile Operation Office Parking Lot

East: Alley Industrial Merchantile Operation Office Parking Lot

South: Alley Industrial Merchantile Operation Office Parking Lot

West: Alley Industrial Merchantile Operation Office Parking Lot

Year Built: _____ Year Remodel: _____ Number of Stories: _____

Is Building Stand alone? Yes No **Peril of THEFT excluded?** Yes No

Occupant is: Tenant Owner

Number of Occupancies in Building: _____ Any **Vacancies** in building? Yes No

Is Building part of a shopping center? Yes No Any **Vacancies?** Yes No

If Yes (vacancies), please explain: _____

Deductible: \$500 \$1,000 \$2,500

Optional Coverage (if needed) Bailee Coverage: \$ _____

Outdoor Sign Coverage: Yes No If Yes, \$ _____

Others: _____

Crime Coverage

Money and Securities: \$5,000/\$5,000 Others \$ _____

Class C Safe: Yes No Max Money Overnight: \$ _____

Liability

Liability Limit: \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

Annual Gross Sales: \$ _____

Liquor Liability: (if needed) \$300,000 \$500,000 \$1,000,000

If needed, Annual Liquor Sales: \$ _____

If needed, is Beer and Wine Sold Only? Yes No

Additional Insured Information: (if needed)

Type: (Landlord; Mortgagee; Equipment Lessee etc.) _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Expiring Premium: \$ _____

Additional Remarks: _____

Signature

Date

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim coverage containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

