



Please fill out the form below and email it to: info@infortegroup.com or fax to: (650) 571-8883

* required field

LIABILITY COVERAGE

General Liability

Each Occurrence/General Aggregate

Advertising and Personal Injury

Product and Completed Operations Aggregate Limit

Employee Benefits Liability

Hired Auto/Non-Owned Auto

PROPERTY COVERAGE

Building Replacement Cost

Business Personal Property

Computers and Media

Business Interruption

Personal Property of Others

Accounts Receivable

Valuable Papers And Records

Your company name:*

Mailing address:*

City:*

State/Zip:*

Property address:*

City:*

State/Zip:*

Federal Tax ID #:*



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Type of Business Ownership:

Corporation Partnership Other

Years in business:*

Contact person:*

Phone number:*

Fax number:

Company website address:*

Contact e-mail address:*

Type of business: *

Description of business/operations–Please describe in two or more sentences:

Square feet leased:

Approximate age of building:

Are you a tenant: Or owner/landlord:

Existing insurance carrier name:

Existing policy number (if any):

Any losses last 5 years: * Yes No *If yes, immediate coverage may not be available.*

Describe losses:

Annual sales: * \$

Annual payroll: * \$

Building construction of the business location:

Frame Concrete Brick Other

Number of floors in building:



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Building improvements if built prior to 1970

Estimated wiring last updated:

Estimated roof last replaced:

Estimated plumbing last updated:

Fire Protection in your building: Extinguishers Sprinklers

Security protection: Burglar alarms: Yes No

If burglar alarm, does it have a local bell: Yes No

Notify a central alarm company:

Name and address of your landlord/additional insured to be added to the certificate if requested:

Special Instructions: