

Please either scan your completed form and email it to Sales@aliains.com, mail your completed form to **PO Box 23114, San Diego, CA 92193**, or fax your completed form to **858-273-8026**.

Section 1: Applicant Information

Name of Applicant: _____
 Company (Firm/Trade Name, DBA): _____
 Company Structure: • Corporation • Partnership • Sole Proprietor • LLC • Other: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____ County: _____
 Physical Address (if different than above): _____
 Date Established: _____ Work Phone: _____ Cell Phone: _____
 Email Address: _____ Website: _____

Section 2: Company Information

1. Are you the sole owner of your company?..... No Yes
 If not, please explain _____
2. What are the services you provide and to whom? _____

3. Do you hire sub-contractors?..... No Yes
 If yes, please explain _____
 % of total work performed _____
 Are they required to carry insurance?..... No Yes
4. Are you aware of any incident, a circumstance, an event, or unresolved fee dispute that may result in a claim?.... No Yes
 If yes, please explain _____
5. Within the past five (5) years, have any claims been made or legal action brought against you or your company? No Yes
 If yes, please explain _____
6. Do you have a standard contract or engagement letter used with clients?..... No Yes
 If yes, please describe how it was created and how often it's used _____

7. Do you have any employees?..... No Yes
 If yes, how many? Full-time: _____; Part-time: _____.
8. What is the most important to you when purchasing insurance? Please check one of the following options:
 Best possible coverage to protect my Business and Personal Assets Lowest possible price for my required lines of insurance The best value available: reasonable coverage at a reasonable price

What was your total revenue in each of the last fiscal years?	Most Recent	3rd Most Recent	Projected Next Year
	\$ _____ .00	\$ _____ .00	\$ _____ .00
	2nd Most Recent		
	\$ _____ .00		

Do you have any of the following insurance policies in place?

If so, please provide the **month / year** they expire and how many **consecutive years** you maintained the coverage.

Errors & Omission ____/____, ____	General Liability or Business Owners ____/____, ____	Commercial Auto ____/____, ____	Commercial Umbrella ____/____, ____	Workers Comp. ____/____, ____	Personal Umbrella ____/____, ____
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