



Cal-Regent Insurance Services Corporation  
 California License Number: 0C64516

2030 Gillespie Way, Suite 107, El Cajon, CA 92020  
 Phone: (619) 596-2770 • Fax: (619) 596-4049  
 Web Address: <http://www.cal-regent.com>  
 General Information E-mail: [calreg@cal-regent.com](mailto:calreg@cal-regent.com)

Insured's Name:	DBA:
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**Service Risk Location General Information**

Description of Location:		Location Number:
Physical Address:	Phone:	Fax:
	Contacts:	E-Mail:
		Website:

**Premises Information**

1. Does the applicant have a guard or pet dog on the premises?	Yes	No	2. Does anyone live on the premises?	Yes	No
3. Are there any underground tanks on the premises?	Yes	No	4. Does the applicant share the premises with a gas station?	Yes	No
5. Does the applicant keep firearms on the premises?	Yes	No	6. Are the windows protected with bars or grates?	Yes	No
7. Are there dead bolt locks on the doors?	Yes	No	8. Are there "NO SMOKING" signs posted where combustibles are stored?	Yes	No
9. Where are vehicles kept?	10. Where are the vehicles keys kept at night?				
11. How long has the applicant been at this location?	12. Is the lot fully chained or fenced? Yes No				
13. What type of fencing or chain is used?	14. What is the distance in feet between the posts used with chains?				
15. What is the maximum number of vehicles on the lot?	16. Is the lot lighted at night when closed for business? Yes No				

**Coverage Information**

<b>Liability Limit</b> (Symbol 30)	\$100,000	\$300,000	\$500,000	\$1,000,000	<b>Aggregate</b> 3X 2X 1X
<b>Liability Deductible</b>	NONE	\$500	\$1,000	<b>Liability Endorsements</b>	Broadened Coverage Personal Injury
<b>Fire Legal Liability</b>					
<b>Medical Pay</b> (Symbol 30 for Auto)	\$1,000 Auto	\$2,000 Premises	\$5,000 Both		
<b>Garage Keepers</b> (Symbol 30)	Location Limit Legal Liability Direct Primary			<b>Deductible</b> (Per Auto/Per Loss)	\$500/\$2,500 \$1,000/\$5,000

**Payroll Information**

No one under the age of 21 will be insured for auto coverage.

# of Proprietors/Partners/Officers	# of Employees who earn more than \$100 per week.	Total Annual Payroll for employees, including off premises employees, who earn less than \$100 per week.

<b>Owner of Premises</b> Name: <b>Additional Insured</b> Address:	<b>Grantor of Franchise Additional Insured</b> Name: Address:
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**Property Location General Information**

Description of Location:	Location Number:
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**Premises Information**

1. Is there an Automatic Burglary Alarm, protecting all of the buildings in their entirety, which signals to an outside central station or a police station?	Yes	No	2. Are there any large cracks or potholes in the pavement?	Yes	No
3. Are there any open or obvious slip and fall hazards?	Yes	No	4. Are there any fire hazards such as gas pumps, open fuel containers, oily rags, paints, etc?	Yes	No
5. Are there operable and tagged fire extinguishers mounted and easily accessible?	Yes	No	6. Is there an Automatic Fire Protective or Extinguishing System that protects the applicant's premises??	Yes	No
7. Does the wiring on the applicant's premises comply with current codes?	Yes	No	8. Has the producer for this applicant personally inspected this location?	Yes	No
9. Describe the condition of the premises.	Good	Fair	Poor	Improving	
10. Describe the condition of the neighborhood.	Good	Fair	Poor	Improving	

**Property Coverages Requested**

All Coverages are written with 90% Coinsurance.  
*An Automatic Burglary Alarm is required for theft coverage.*

Coverage	Limit	Causes of Loss	Deductible	Rating Information		
Building		Special Basic	\$500	Construction type of building?	Frame	Jointed-Masonry
Contents			\$1,000		Non-Combustible	Masonry Non-Comb.
Business Income			\$2,500	Fire Resistive	Mod. Fire Resistive	
Outdoor Signs			\$500	Square footage of building?	What year was the building constructed?	

<b>Lessor of Leased Equipment Additional Insured</b>	Name: Address:	<b>Mortgage Holder For Building</b>	Name: Address:
<b>Loss Payee for Equipment</b>	Name: Address:		