



## Siskiyou Insurance Services, Inc.

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# BOP/COMMERCIAL BUILDING AND/OR BUSINESS PERSONAL PROPERTY & LIABILITY QUOTE REQUEST FORM

Business Legal Name:

DBA:

Address:

City:  Zip:  Contact Person:

Phone #:  FAX #:  Email:

Description of Business:

Type of Business:  Individual  Partner  Corp. FEIN :

Year Business Started:  # Years Experience in Business:  Building Age:

If over **30 yrs.** of age have updates been done? :  If Yes Approx. Yr. of updates:

Electrical:  Plumbing:  Heating/A/C:  Roof:

Total Sq. Footage:  Sq. Foot You Occupy:  Sole Occupant:

Building Construction:  Frame  Concrete Block  Metal Sprinklered

Current Carrier:  Exp. Date:

Building Amt: \$  Bus. Pers. Prop. Amt: \$

Liability Limits: \$  Deductible Amount:

Gross Annual Sales: \$  Payroll (not owners) : \$  # of Employees:

Any Losses/Claims in Last 3 Years:  If Y:

**If Coverage is to be bound loss runs will/may be required.**

Preferred Agent?