



Peninsula Excess Insurance Brokers, Inc.

408 E. 4th Street, #304

Bridgeport, PA 19405

Toll Free: 877-GET-PENX (438-7369) **Fax:** (610) 313-8617

Real Estate Stagers Business Insurance Application

Date: _____ **Effective Date of current policy:** _____

Business Name: _____

FEIN: _____

Email: _____

Phone: _____ **Fax:** _____

Contact Name: _____

Mailing Address: _____

Office Location Address: (If different than mailing address)

Sq ft Occupied: _____ **Year Built:** _____ **Sprinklered:** (Y) (N) **Alarmed:** (Y) (N)
Construction: ___ **Frame** ___ **Joisted Masonry(brick)** ___ **Masonry non-combustible**
___ **Fire Resistive**

Warehouse Address:

Building Value (including improvements/betterments AND permanently attached equipment): _____

Year the Updates (roof, electrical, plumbing) were completed: _____

Business Personal Property limit \$ _____

Annual Gross Revenue \$ _____

Business Personal Property OFF PREMISES:

\$ _____

Legal Entity: ___ **Individual** ___ **Partnership** ___ **LLC** ___ **Corp** ___ **Other**

Years in Business: _____ **Years in Industry:** _____

No of Employees: _____ **Do you need Workers Compensation? (Y) (N)**

If interested in WC, please break down your Payroll by Job Classification and Amount:

Would you also like a quote for business automobiles? _____

If so, how many vehicles: _____

Would you also like a quote for a commercial umbrella? _____

If so, what limit? _____

Loss History (3 – 5 years):

Signature: _____

