

### OFFICE PACKAGE APPLICATION

Company Name:	
Contact Name:	
Phone Number:	
Email Address:	

#### Property Information

Location	1	2	3			
Address						
Building Limit:	\$	\$	\$			
Office Equipment:	\$	\$	\$			
Computer Equipment:	\$	\$	\$			
Software:	\$	\$	\$			
Tenant Improvements:	\$	\$	\$			
Building Construction:	<input type="checkbox"/> Brick	<input type="checkbox"/> Concrete	<input type="checkbox"/> Brick	<input type="checkbox"/> Concrete	<input type="checkbox"/> Brick	<input type="checkbox"/> Concrete
	<input type="checkbox"/> Frame	<input type="checkbox"/> Other	<input type="checkbox"/> Frame	<input type="checkbox"/> Other	<input type="checkbox"/> Frame	<input type="checkbox"/> Other
Building Updates (If Building is over 30 years old):	Wiring Updated Plumbing Updated Roof Updated Heating Updated	Wiring Updated Plumbing Updated Roof Updated Heating Updated	Wiring Updated Plumbing Updated Roof Updated Heating Updated			
Protection Details:	<input type="checkbox"/> Smoke Detectors	<input type="checkbox"/> 100% Sprinklered	<input type="checkbox"/> Smoke Detectors	<input type="checkbox"/> 100% Sprinklered	<input type="checkbox"/> Smoke Detectors	<input type="checkbox"/> 100% Sprinklered
	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Burglar Alarm
# of Stories:						
Year Built:						
Square Footage:	You Occupy:	You Occupy:	You Occupy:			
	Building Total:	Building Total:	Building Total:			
Landlord Information:	Name:	Name:	Name:			
	Address:	Address:	Address:			

*Please review your lease to determine whether you are responsible for insuring the value installed tenant improvements.*

#### Company Travel

How many employees drive their personal cars on company business?		Does your company own any autos?	Yes: <input type="checkbox"/>
			No: <input type="checkbox"/>
How much is spent annually on rentals?		How many times a year are cars rented?	
		Average Length of Trip:	

**Company Information**

List All Operating Entity Names:			
Description of Operations – Please be specific			
Please list all operating entities and provide a brief description of each			
Website Addresses:			
What year was your company established?			
Is there Venture Capital backing involved in your funding?			
Does your website contain chat rooms or posted material from others? If yes, explain.			
Do you handle confidential information – medical or governmental records, credit cards, etc? If yes, explain.			
Sources of Revenue (Products or Services Description)			
Employee Count:	Total	Full Time	Part Time
Revenue Information	Past 12 Months	\$	
	Next 12 Months	\$	
Net Profit/(Net Loss) Before Tax (next 12 months)			
Continuing Expenses (per month – rent, payroll, utilities)			
# of Months to Resume Operations from the Date of Loss/Claim			
Payroll/Commission Information	Past 12 Months	\$	
	Next 12 Months	\$	
Do you need an ERISA bond for your 401K Plan?	Yes: <input type="checkbox"/>	Total Plan Assets	\$
	No: <input type="checkbox"/>		