



OFFICE PACKAGE APPLICATION

Company Name:		Federal ID:
Mailing Address:		
Contact Name:		
Phone Number:		
Email Address:		

Property Information

Location	1	2	3			
Address						
Building Limit (if you own the building):	\$	\$	\$			
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 either their personal cars or hired cars on company business one or more days a week?		Does your company own any autos?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
How much does the company spend annually on car rentals?		How many times a year are cars rented?	



	Average Length of Trip:	
What kind of controls does the company have in place with regards to employees driving on company business? (ex. written procedures, MVR check, personal auto insurance minimum requirements)		

General 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)			
Has the company experienced any claims in the last 3-5 years? If yes, please describe and/or provide a loss run report.			
Employee Count:	Total	Full Time	Part Time
Independent Contractors:	Total		
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"/>		