



Auto ♦ Home ♦ Life ♦ Health ♦ Business ♦ Farm ♦ Workers Comp

Commercial Property and Casualty Quote Request

Your Name: _____ Date: ____ / ____ / ____

Firm Name: _____

Address: _____ City: _____

County: _____ State: _____ Zip: _____

Phone Number: (____) _____ Fax Number: (____) _____

Email Address: _____

Date new coverage needs to take effect: ____ / ____ / ____

I would like a quote for:	<input type="checkbox"/> Business Owners	<input type="checkbox"/> Workers Compensation
	<input type="checkbox"/> Commercial Liability	<input type="checkbox"/> Commercial Umbrella

Describe Your Business:

Legal Entity: Corporation LLC Partnership Individual

Please provide a complete description of your business:

Years in Business: ____ years Industry Experience: ____ years

FEIN: _____ SSN: _____

Annual Sales: \$ _____ Annual Payroll: \$ _____

Number of Employees: Full Time _____ Part Time _____ Leased: _____

Are there any other businesses that are owned or operated by you that are **not** to be covered by this policy?

Yes No

If yes, please tell us about them:

Current Insurance and Claims History:

Current insurance company: _____ Current premium: \$ _____

Have you had any claims in the last 3 years? Yes No

If yes, please describe any losses in the last three years, including date of loss, dollar amount and details below.

Property and Coverage Information:

Do you have more than one location?..... Yes No

Please tell us about your main location:

Address: _____ City: _____

County: _____ State: _____ Zip: _____

Sq. ft. occupied by you: _____ sq. ft. What year was the building built? _____

If older than 20 years, please enter the year any updates were made to the building:

Rewired: _____ Roof repaired or replaced: _____ Plumbing replaced: _____ Heater replaced: _____

What percent of this building protected with a sprinkler system? _____ %

For this building, you are..... The owner A tenant

How many stories? _____ Approx. total building size _____ sq. ft.

Are there other businesses in the same building? Yes No

If yes, please provide a complete description of the other businesses:

Please check the type of building construction:

Frame Non-Combustible Joisted Masonry Masonry Non-Combustible Fire Resistive

What type of burglar alarm does the building have?

None Local Alarm Central Station Inside Enclosed Mall Security Patrol

Coverage Requested:

Building Limit (if owner): \$ _____ **Contents Limit:** \$ _____

Deductible (please choose one): \$500 \$1,000 Other: \$ _____

General Liability Limit (please choose one): \$1M \$2M Greater than \$2M

Signature: _____ Date: _____ / _____ / _____

Clovis Insurance Agency, Inc.
Clovis Insurance Agency
Privacy Policy Notice
(as of July 1, 2001)

PURPOSE OF THIS NOTICE

Title V of the Gramm-Leach-Bliley Act (GLBA) and the laws of the State of California, generally prohibit us from sharing nonpublic personal information about you with a third party unless we provide you with this notice of our privacy policies and practices describing the type of information that we collect about you and the categories of persons or entities to whom that information may be disclosed. In compliance with the GLBA and the laws of this State, we are providing you with this document, which notifies you of the privacy policies and practices of **Clovis Insurance Agency**.

OUR PRIVACY POLICIES AND PRACTICES

1. **Information we collect:**

A. Categories of Information Collected and Sources From Which We Collect It

We collect nonpublic personal information about you from the following sources:

Information we receive from you on applications or other forms.

Information about your transactions with us, our affiliates or others.

Information we receive from a consumer reporting agency.

Information we receive from medical records or medical professionals.

Information we receive from personal interviews with neighbors, friends, associates or other acquaintances;

B. Persons From Whom Information is Collected

We may collect nonpublic personal information from individuals other than those proposed for coverage.

2. **Information we may disclose to third parties:**

We do not disclose information about you to third parties whose only use of the information is to market a product or service. However, in the course of our general business practices, we may disclose the information that we collect (as described above) about you or others without your permission to the following types of institutions for the reasons describe below:

To a third party if the disclosure will enable that party to perform a business, professional or insurance function for us;

To an insurance institution, agent, or credit reporting agency in order to detect or prevent criminal activity, fraud or misrepresentation in connection with an insurance transaction;

To an insurance institution, agent, or credit reporting agency for either this agency or the entity to whom we disclose the information to perform a function in connection with an insurance transaction involving you;

To a medical care institution or medical professional in order to verify coverage or benefits, inform you of a medical problem of which you may not be aware, or conduct an audit that would enable us to verify treatment;

To an insurance regulatory authority, law enforcement, or other governmental authority in order to protect our interests in preventing or prosecuting fraud, or if we believe that you have conducted illegal activities;

To a group policyholder for the purpose of reporting claims experience or conducting an audit of our operations or services.

3. Your right to access and amend your personal information:

You have the right to request access to the personal information that we record about you. Your right includes the right to know the source of the information and the identity of the persons, institutions or types of institutions to whom we have disclosed such information within 2 years prior to your request. Your right includes the right to view such information and copy it in person, or request that a copy of it be sent to you by mail (for which we may charge you a reasonable fee to cover our costs). Your right also includes the right to request corrections, amendments or deletions of any information in our possession. The procedures that you must follow to request access to or an amendment of your information are as follows:

To obtain access to your information:

You should submit a request in writing to Carbrie Fox, President / Clovis Insurance Agency, Inc. / 2147 Herndon Avenue, Suite 101 / Clovis, CA 93611. The request should include your name, address, social security number, telephone number, and the recorded information to which you would like access. The request should state whether you would like access in person or a copy of the information sent to you by mail. Upon receipt of your request, we will contact you within 30 business days to arrange providing you with access in person or the copies that you have requested.

To correct, amend, or delete any of your information:

You should submit a request in writing to Carbrie Fox, President / Clovis Insurance Agency, Inc. / 2147 Herndon Avenue, Suite 101 / Clovis, CA 93611. The request should include your name, address, social security number, telephone number, the specific information in dispute, and the identity of document or record that contains the disputed information. Upon receipt of your request, we will contact you within 30 business days to notify you either that we have made the correction, amendment or deletion, or that we refuse to do so and the reasons for the refusal, which you will have an opportunity to challenge.

4. Our practices regarding information confidentiality and security:

We restrict access to nonpublic personal information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

5. Our policy regarding dispute resolution:

Any controversy or claim arising out of or relating to our privacy policy, or the breach thereof, shall be settled by arbitration in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

6. Reservation of the right to disclose information in unforeseen circumstances:

In connection with the potential sale or transfer of its interests, Clovis Insurance Agency, Inc. and its affiliates (if any) reserves the right to sell or transfer your information (including but not limited to your address, name, age, sex, zip code, state and country of residency and other information that you provide through other communications) to a third party entity that (1) concentrates its business in a similar practice or service; (2) agrees to be Clovis Insurance Agency, Inc.'s successor in interest with regard to the maintenance and protection of the information collected; and (3) agrees to the obligations of this privacy statement.

7. Customer acknowledgement and signature:

By signing my name below, I am indicating that I have read the privacy policy of Clovis Insurance Agency, Inc. and that I understand its terms. No promises or representations have been made to me to induce me to sign this form.

Customer Signature

Date