



BYRNE - KIM & ASSOCIATES
Insurance Services, Inc.

30100 Town Center Dr, Ste O, PMB. 317. Laguna Niguel, CA 92677
Telephone (949) 249-2540
Fax (949) 270-3704

Commercial Property Application

Name (First Named Insured & Other Named Insured's). _____

Contact Name: _____
DBA: _____
Proposed Effective Date: _____
Mailing Address: _____

Work Telephone#: _____ Work Fax #: _____
Email Address: _____ Web Address: [www._____](#)

Business Entity: _____ Year Business Start: _____

FEIN or S.S. #: _____

Premises Information

Street Address: _____
City: _____ State: _____ Zip Code: _____

City Limits: Inside/Outside Interest: Own/Rent Year Built: _____
Part Occupied: _____sqft.

Nature of Business/Description of Operations by Premise(s)

Please describe in detail your Business & Operations, and if any end product from Manufacturing DONOT LEAVE BLANK
(if you're a manufacture and need Specified Products & Completed Operations Please complete that specific form on our web site)

of stories: _____ Distance to fire hydrant: _____
Distance to Fire Station: _____ Burglar alarm type: _____

Premises fire protection (Sprinklers, standpipes, co2, etc). _____

******Required information if building is older than 10 years of age******

Building improvements: (please list any improvements to wiring, roofing, plumbing, & heating) include year of update.

Please list desired items to be covered & value:

1. Building: _____
2. Business Personal Property: _____
3. Business Interruption, with or without extra expense: _____
4. Valuable Papers: _____
5. Renters Value: _____
6. Indemnity (no of days): _____
7. Deductible desired: _____
8. Co Ins %: _____

Please list any additional coverage's, options, restrictions or endorsements:

Please describe the buildings adjacent to your business:

Right Exposure: _____
Left Exposure: _____
Rear Exposure: _____
Front Exposure: _____

Additional Interests

Loss Payee: _____ Mortgagee: _____
Name & Address: _____

**IF YOU REQUIRE COMERCIAL GENEARAL LIABILITY INSURANCE PLEASE COMPLETE
OUR COMMERCIAL GENERAL LAIBILITY REQUEST FORM.**

IMPORTANT NOTE: This form is provided as a convenience to you. We will make a good faith effort to obtain competitive quotes for your review. Depending on the type of business, we may require more information and will contact you if necessary. Your submission of this form DOES NOT guarantee that any binding offers will be forthcoming from insurers we represent.

Signature: _____

Print Name: _____

Date: _____

Title of person signing: _____

Fax this form upon completion our office will fax you a notice of receipt within 24 hours, and may contact you for further information if needed. Fax (949) 270-3704