



DP INSURANCE AGENCY INC.

忠興保險

License # OB75174

1130 S. San Gabriel Blvd. 2F., San Gabriel CA 91776

Phone: (626) 292-6608. Fax: (626) 292-6606

Application Date: _____

Proposed Expired Date: _____

General Liability & Property Application

► **General Information:**

Applicant Name: _____ Contact Person: _____

Mailing address: _____

Telephone #: _____ Fax #: _____

Email: _____ Web: _____

Years in Business: _____ Individual Partnership Corp. Inc.

Federal Employer ID number: _____

Property/Operations Location: Owner Tenant # of Units: _____

Address(1) _____

Address(2) _____

Nature of Business: ___% Wholesale ___% Retail ___% MFG ___% Others

Import %: ___% Own Label: Yes No

Description of operations:

► **Policy Information**

Building: \$ _____ Deducible: \$ _____

Contents: \$ _____ Deducible: \$ _____

Liability: ___ 500K/1 Mill ___ 1Mill/2 Mill ___ 2Mill/ 4Mill

Annual Gross Sales: \$ _____

► **Construction Type:** Frame Concrete Others _____

Year Built: _____ #of Stores: _____ #of Basm'ts: _____ Total SQ FT: _____

Burglar Alarm Type: Local Central, serviced by _____

Fire Protection: Sprinkler Standpipes Co/Chemical system

► **Prior Insurance Number (3 years):**

Insurance Company	Policy Number
2016-2017:	
2015-2016:	
2014-2015:	

Please **fax** to **626-292-6606** or call us at 800-998-6608!