



CARE PROVIDERS INSURANCE BROKERS, INC.

PO BOX 9055
MISSION VIEJO, CA 92690
LICENSE #OC03992
WWW.CAREPROVIDERSINS.COM

ALISON LEEDS
PHONE: 949.582.5220
TOLL FREE: 800.432.8431
FAX: 949.860.3880

EMAIL: ALISON@SPIB.COM
CPIB20070425

Please complete one form for each location

QUICK QUOTE For CARE PROVIDERS

(All quotations are no obligation)

Owner / Corporate Name as shown on facility license:		Facility Name:	
Mailing Address:			
Facility Address:			
Contact Name:		Email:	
Phone: () -	Fax: () -	Cell: () -	
Please select your business type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC			Annual Operating Budget: \$
Years in Business:	Facility License #:	FEIN #:	
Type of Clients: <input type="checkbox"/> DD (Level II, III, IV) <input type="checkbox"/> Aged <input type="checkbox"/> MI <input type="checkbox"/> Other: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male & Female			
Licensed # of Beds:	Current Capacity:	Age of Residents:	Licensed for Non-Ambulatory? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can residents vacate on their own in the event of an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No		Age of Home: _____ <input type="checkbox"/> Own <input type="checkbox"/> Lease	# of Non-Ambulatory Residents:
Construction of facility: <input type="checkbox"/> Frame <input type="checkbox"/> Concrete block <input type="checkbox"/> Other _____		Square Footage:	Number of Stories:
Roof Type: <input type="checkbox"/> Wood shake <input type="checkbox"/> Composition Shingle <input type="checkbox"/> Other _____		Building Updates (roof, plumbing, wiring):	
# of Fire Extinguishers:	# of Smoke Detectors:	Fire Sprinklers?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Alarm?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Smoking Allowed Indoors?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pool used by residents?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spa: <input type="checkbox"/> Yes <input type="checkbox"/> No
Any dogs at facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is pool/spa gated & locked?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diving Board/Slide: <input type="checkbox"/> Yes <input type="checkbox"/> No
# of detached buildings on premises:	Building Amount:	Contents Amount:	Monthly Income:
# Employees: Full time: _____ Part time: _____	Estimated Monthly Payroll:		
Current Prop/Liab Carrier: Expiration Date:	Current Work Comp Carrier: Expiration Date:		
Any claims in the past three years?:	Additional Insured: Name/Address: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgagee:	

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"I have been with CPIB for a good 12 years now. I tried other companies, but I find myself coming back to CPIB. The level of service is unsurpassed. Alison has always been there ready to help. Even when I've called with a deadline in two days, she has always managed to save me from trouble."

- MYRA CERVERO
 BEST CARE GUEST HOME
 ANAHEIM, CA

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Please check any of the following Additional Insurance Coverage you may be interested in:

- Workers' Comp
- Auto
- \$1,000,000 Umbrella
- Health
- Life
- Disability
- Surety Bond

****Return this form to Alison with copies of the following:
 Facility license, facility evaluation, 3 years hard copy loss runs, description of services and resume (if new in business)**

Above information is confidential and is used solely for the purpose of obtaining an insurance quote.