



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
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Please complete one form for each location

CP15200704

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:	FEIN #:	Residents are: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male & Female	
Type of Clients: <input type="checkbox"/> DD (Level II, III, IV) <input type="checkbox"/> Aged <input type="checkbox"/> MI <input type="checkbox"/> Sober Living <input type="checkbox"/> Other: _____			
# of Beds:	Current Capacity:	Age of Residents:	
Age of Home: _____		Square Footage:	Number of Stories:
<input type="checkbox"/> Own <input type="checkbox"/> Lease			
Construction of facility: <input type="checkbox"/> Frame <input type="checkbox"/> Concrete block <input type="checkbox"/> Other _____		Roof Type: <input type="checkbox"/> Wood shake <input type="checkbox"/> Composition Shingle <input type="checkbox"/> Other _____	
# 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
Building Updates (roof, plumbing, wiring):			
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
Is pool/spa gated & locked?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Diving Board/Slide: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any dogs at facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		Breed:	
# 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?:		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 with copies of the following:
3 years hard copy loss runs or no loss letter and a brochure.**

Please send to the fax or email address above to the attention of:

ALISON LEEDS

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