

Adriana's
INSURANCE
SERVICES INC.

Lic.#0D36821

General Liability

*909-373-4790 [*commercial@adrianasinsurance.com](mailto:commercial@adrianasinsurance.com)

What is the type of business/Cual es el tipo de negocio: _____

Insured Name/Nombre: _____

DBA (Doing Business As)/Nombre de Negocio: _____

Mailing Address/Direccion de Correspondencia: _____

Location Address/Direccion del Negocio/Oficina: _____

Phone number/Numero de Telefono: _____

Type of Business/Tipo de Negocio

INDIVIDUAL PARTNERSHIP CORPORATION OTHER

What is your annual gross? / Cuales son sus ingresos total antes de deducciones?: _____

Do you have employees? How many/Cuantos empleados tiene?: _____

What is your estimated payroll? Cuanto es la nomina total?: _____

How many years in business?/Cuantos años con en el negocio?: _____

How many years of experience do you have?/Cuantos años de experiencia?: _____

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Adriana's INSURANCE

SERVICES INC.

COVERAGE / COBERTURA		LIMITS / LIMITES
Each Occurrence Cada incidente		
General Aggregate Cobertura general		
Products and Completed Operations Productos y operaciones completas		
Personal and Advertising Injury Daños personales y por publicidad		
Damage to Rented Premises (Fire) Daño por causa de incendio		
Medical Payments Gastos medicos		
Deductible Deducible		
Additional Coverage Coberturas Adicionales		
Additional Coverage Coberturas Adicionales		
Total Annual Premium: Costo anual de la poliza:		Notes / Notas
Down Payment: Pago Inicial:		
Monthly Payments of: Pagos mensuales de:		

COMMERCIAL DEPARTMENT (909)373-4790

Commercial Auto

*909-373-4790 [*commercial@adrianasinsurance.com](mailto:commercial@adrianasinsurance.com)

What is the type of business/Cual es el tipo de negocio: _____

Insured Name/Nombre: _____

Mailing Address/Direccion de Correspondencia: _____

Garaging Address/Direccion de Garage: _____

Phone number/Numero de Telefono: _____

Do you have a MCP/CA#: _____ What is your mile radius: _____

Do you travel out of state?/Trabaja fuera del estado?: _____

Liability Limits

15/30/5 25/50/25 50/100/50 100/300/100 \$300CSL \$750 CSL \$1mCSL

Vehicle(s) Information

Year	Make	Model	VIN	Vehicle Stated Value	Vehicle Use Personal/Commercial/Both

*for comprehensive and collision coverage, please provide the vehicle stated value.

Driver(s) Information

Name	Date of Birth	Driver License	Marital Status

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INSURANCE

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Commercial Auto

Vehicle Body Type(s)



Pick-Up



Light Stake Body



Passenger Van



Cargo Van



Light Dump Truck



Light Tow Truck



Light Flatbed



Light Step Van

GVW 10,001 to 20,000 lbs.



Medlum Flatbed



Medlum Step Van



Stake Body



Straight Truck

GVW 20,001 to 45,000 lbs.



Hvy Straight Truck



Hvy Stake Body



Hvy Flatbed



Hvy Dump Truck



Renter's Insurance

*909-373-4790 [*commercial@adrianasinsurance.com](mailto:commercial@adrianasinsurance.com)

Named Insured/ Nombre de Inquilino: _____

Date of Birth/Fecha de Nac.: _____ Phone #/Numero de Telefono: _____

Is there a 2nd applicant named insured? / Hay un aplicante adicional? _____

Mailing Address / Direccion de Correspondencia: _____

Property Address/ Direccion de la Propiedad: _____

Additional Insured (landlord) / Nombre de los apartamentos o management: _____

COVERAGE / COBERTURA	LIMITS / LIMITES
Personal Property Pertenencias Personales	
Loss of Use Desplaze temporal	
Personal Liability Responsabilidad Personal	
Medical Payment Gastos Medicos	
Deductible Deducible	

*For people who rent or lease an apartment or home. Coverage protects the (you) the tenant.
No structure coverage.



Workers Compensation

*909-373-4790 *commercial@adrianasinsurance.com

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Insured Name/Nombre: _____

DBA (Doing Business As)/Nombre de Negocio: _____

Mailing Address/Direccion de Correspondencia: _____

Location Address/Direccion del Negocio/Oficina: _____

Phone number/Numero de Telefono: _____

What is your SS number of FEIN? _____

Type of Business/Tipo de Negocio

- INDIVIDUAL PARTNERSHIP CORPORATION OTHER

How many employees total?/Cuantos empleados tiene?: _____

Number of Full Time Employees/ Numero de empleados tiempo completo: _____

Number of Part Time Employees / Numero de empleados medio tiempo: _____

What is your estimated payroll? Cuanto es la nomina total?: _____

How many years in business?/Cuantos años con en el negocio?: _____

How many years of experience do you have?/Cuantos años de experiencia?: _____



BONDS (defective title)

*909-373-4790 [*commercial@adrianasinsurance.com](mailto:commercial@adrianasinsurance.com)

Insured Name/Nombre: _____

Mailing Address/Direccion de Correspondencia: _____

Phone number/Numero de Telefono: _____

Year: _____ Make: _____ Model: _____

Año: _____ *Marca:* _____ *Modelo:* _____

Plate Number: _____ VIN: _____

Numero de Placas: _____ *VIN:* _____

Vehicle Stated Value: _____ (what you will report to DMV)

Valor Declarado del Veh: _____ (valor que reporto al DMV)

*A defective title bond is valid for 3 years as required by DMV.

Commercial Department



Contractor's License Bond

*909-373-4790 [*commercial@adrianasinsurance.com](mailto:commercial@adrianasinsurance.com)

Insured Name/Nombre: _____

Mailing Address/Direccion de Correspondencia: _____

Phone number/Numero de Telefono: _____

What is your SS number or FEIN/ Su numero de SS oh FEIN: _____

Contractor's License Number or Application Number: _____

Numero de licencia de contratista o numero de aplicacion: _____

Bond Value Amount: _____

Cual es el valor requerido de su bond: _____

What is your estimated assets? Cual es un estimado en sus vienes? _____

Have you ever filed for bankruptcy? / Alguna vez ah tenido una bancarrota? _____

*A contractor's license bond will require a credit check and additional sensitive information. Submission is required.

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Motorcycle

*909-373-4790 [*commercial@adrianasinsurance.com](mailto:commercial@adrianasinsurance.com)

Name/ Nombre: _____

Date of birth / Fecha de nacimiento: _____

Driver's License / Numero de Licencia: _____

Year: _____ Make: _____ Model: _____

Año: _____ *Marca:* _____ *Modelo:* _____

CC's: _____ VIN: _____

CC's: _____ *VIN:* _____

Custom Accessories *please list the item and value

*Must be registered under named insured

*High Performance Bikes requires M1 endorsement / must be over the age 21

*See UW guidelines for acceptance

Commercial Department

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RV (recreational vehicle)

*909-373-4790 [*commercial@adrianasinsurance.com](mailto:commercial@adrianasinsurance.com)

Name/ Nombre: _____

Date of birth / Fecha de nacimiento: _____

Driver's License / Numero de Licencia: _____

Year: _____ Make: _____ Model: _____

Año: _____ Marca: _____ Modelo: _____

Length: _____ VIN: _____

Largo: _____ VIN: _____

Motorhome Class

CONVENTIONAL (CLASS A)



CONVENTIONAL TRAILER



PROFESSIONAL BUS
CONVERSION (CLASS A)



TRAILER WITH LIVING
AND UTILITY QUARTERS



NON-PROFESSIONAL BUS
CONVERSION (CLASS A)



FIFTH-WHEEL TRAILER



CAMPER VAN (CLASS B)



MOUNTED TRUCK CAMPER



MINI-MOTOR HOME (CLASS C)



POP-UP TENT TRAILER



*Identify the correct make (motor will be Ford, Chevy, Toyota, etc).



Special Event

*909-373-4790 [*commercial@adrianasinsurance.com](mailto:commercial@adrianasinsurance.com)

Insured Name/Nombre: _____

Mailing Address/Direccion de Correspondencia: _____

Phone number/Numero de Telefono: _____

What is the type of event? / Cual es el tipo de evento: _____

Location Address: _____

How many attendees? / Cuantas personas tendra en el evento?: _____

Will alcohol be provided? / Tendra alcohol en el evento: _____

Additional Insured (landlord) / Nombre de management: _____

*Proof of insurance is provided same day.

Commercial Department