

WALTER L. CLARK & ASSOCIATES, INC.
484 N Prospect Ste A Porterville, CA 93257 License #0A65267
Rent To Own Insurance Questionnaire Form

Date: _____
Type of Entity or Corporation: _____
Corporate Name & DBA: _____
Contact Name and Email Address _____
FEIN # _____
Exact Physical Address: _____
_____ County: _____
Mailing Address: _____

Approximate Sq. Ft.: _____ Number of Stories: ____ Gated Front or Windows: Yes ____ No ____
Construction of Building: Concrete Block ____ Brick ____ Metal or Frame/Stucco Wood ____ Trusses: Wood ____
Steel ____ Year Built: _____ if 25 years or older, yr & type of any updates? _____
Fire Rated- yes or no & if yes 1 or 2 hours?
Type of Alarms: Burglar ____ Fire ____ Central Fire Station: Yes ____ No ____ Sprinklers: Yes ____ No ____
Replacement value of contents & tenants improvements & betterments to the building:

Building replacement value if owned: _____
Replacement value of your office computer equipment: _____
Does the lease require you to maintain the A/C Unit: Yes ____ No ____
Est. Annual Gross Receipts: _____ % of Computer Rental Sales: _____
Insurance Min limits per lease agreement: _____
Landlord's Name & Address: _____

Is Landlord to be listed as an additional insured: Yes ____ No ____
Name of Franchise if any: _____
List other certificate Holders: _____
For New Store: Lease Date: _____ Opening Date: _____
Any other operations under this corporate name: Yes ____ No ____ If Yes, explain:

Give a summary of your experience if a new store owner _____

Attach list of vehicles with ID numbers & drivers information when and if autos are to be included.

Please complete and return ASAP.
If you do not have the exact information, use approximates.

559-781-3466 or 800-457-9362 FAX 559-781-4956
jeanetteb@wlcins.com
Your RTO Sales Specialist: Jeanette Beardsley, CPIW; AIS