

Business Owner's Policy Quote Information

Named Insured: _____ Effective Date: _____

Mailing Address: _____

Current Carrier: _____ Premium: _____

Underwriting Information

Location Address (if different from above): _____

Is your office in: Home _____ Building _____

Type of Business: _____ Years in business: _____

If new business, how many years of experience do the owner's have? _____

Construction of building (frame, block, other-describe): _____

Square Feet: _____ Year Built: _____ Gross Receipts or Fees: _____

Number of Stories: _____

Central Station Monitored Alarm System: Fire _____ Burglar _____

Is there an operating sprinkler system? Yes _____ No _____

Are you the owner of the building or a tenant? Owner _____ Tenant _____

Have you had any claims within the past 3 years? _____ *

**Note: The carrier may request loss runs.*

Need by date: _____

Coverage Information

Coverage Type Limits

Building (if applicable): \$ _____

Business Contents: \$ _____

Computer Equipment: \$ _____

Computer Data/Media: \$ _____

Valuable Records: \$ _____

Accounts Receivable: \$ _____

Employee Dishonesty: \$ _____

___ regular coverage \$ _____

___ pension/welfare plan \$ _____

(show separate amounts for each and name of pension plan)

Equipment that leaves the premises: \$ _____

please list make, model, serial # and value for each item:

Other Property Coverage(s):

General Liability: \$ _____

Occurrence Limit: \$ _____

Aggregate: \$ _____

Hired & Non-Owned Auto Liability: \$ _____

Number of employees visiting job sites more than once a month: _____

Additional Insureds—property lessors, equipment lessors: Yes ___ No ___

Total number of additional insureds: _____

Employee Benefits Liability: \$ _____

Number of employees: _____