

Business Owner's Insurance (BOP) & Workers' Compensation Request for Quotation



Fax completed Form To: 1-800-567-4028

Commercial Services

Your Name: _____ Date: ____/____/____
Company Name: _____
Address: _____ City: _____
County: _____ State: _____ Zip: _____
Phone Number: (____) _____ Fax Number: (____) _____
E-mail Address: _____

Date new coverage
needs to be effective
____/____/____

Do you want a quote for: Business Insurance Workers' Compensation Umbrella

Describe Your Business:

Legal Entity: Corporation LLC Partnership Individual

Please provide a complete description of your business: _____

Years in Business: _____ years Industry Experience: _____ years FEIN #: _____
Annual Revenue: \$ _____ Annual Payroll: \$ _____
Number of Employees: Full Time _____ Part Time _____ Leased _____

Are there any other businesses that are owned or operated by you that are not to be covered by this policy? Yes No
If yes, please tell us about them: _____

Current Insurance and Claims History:

Current Insurance Company: _____ Current Premium: \$ _____

Have you had any claims submitted to your insurance carrier in the last three years? Yes No
If Yes, please describe any losses in the last three years. Include date of loss, \$ amount and details on separate page.

Property and Coverage Information:

Please tell us about each of your locations. *(Use as many pages as necessary.)*

Location Number: _____ of _____
Location Address: Same as the company address Yes No
If No, please enter the building address:
Street: _____
City: _____
County: _____ State: _____ Zip: _____
Sq. ft. occupied by you: _____ sq. ft.
What year was the building built? _____
If older than 20 years, please enter the year any updates were made to the building:
Rewired _____ Reroofed _____
Replumbed _____ Heater replaced _____
Is your building 100% Sprinklered? Yes No
For this building, are you The Owner? A Tenant?

How many stories? _____
Approx. total building sq. ft: _____
Are there other businesses in same building? Yes No
If Yes, please provide a complete description of the other businesses.

Please check the type of building construction:
(check only one)
 Frame Joisted Masonry Non-Combustible
 Masonry Non-Combustible Fire Resistive

What type of burglar alarm does the building have?
 None Local Alarm Central Station
 Inside Enclosed Mall Security Patrol

Coverage Requested:

Building Limit (if owner): \$ _____
Content Limit: \$ _____
Deductible (please choose one):
 \$500 \$1,000 \$2,500 Other: _____

General Liability Limit:
Please choose one:
 \$1M \$2M Greater than \$2M

Signature _____