

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

Fax or Email Completed Form to: 877.250.1527 | dentalbops@aon.com

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 \_\_\_\_\_