BUSINESS OWNERS POLICY

01 / BUSINESS AND OPERATIONS

Complete all applicable fields. Use Unknown or N/A where needed; attach extra pages for more locations.

1. Business and contact

Legal business name

DBA / trade name

Contact name / title

Phone

Email

Mailing address / City / State / ZIP

Requested effective date

Business website

Entity type

Year started

Estimated annual gross sales

Estimated annual payroll

Full / part-time employees

Describe products, services, customers, hours, and any offsite work:

2. Liability and special exposures

Work, installation, repair, or service at customer locations? Select

Use subcontractors, temporary staff, or leased workers? Select

Make, import, relabel, or distribute products? Select

Provide professional advice, treatment, or specialized services? Select

Commercial cooking, food preparation, or alcohol sales? Select

Business deliveries, company vehicles, or employee driving? Select

Explain Yes answers; include subcontractor costs and controls:

Complete for the primary location. Attach a separate schedule for additional locations or buildings.

3. Premises and building

Location address / City / State / ZIP

Own / lease / home-based

Business occupied sq. ft.

Total building sq. ft.

Stories

Year built

Construction type

Roof type / age

Vacant % / other occupants

Roof replacement year

Electrical update year

Plumbing update year

HVAC update year

Automatic sprinklers throughout the premises? Select

Monitored fire or burglar alarm? Select

Unrepaired damage, roof leaks, or planned renovation? Select

Describe other occupants, hazards, protection, and any Yes / Unknown details:

4. Property values and income

Building limit requested (if owned)

Contents / inventory / equipment limit

Tenant improvements / betterments

Peak seasonal stock value / months

Business income / extra expense need

Preferred property / wind deductibles

Valuation requested / valuation estimate date

Rental income (if applicable)

Describe equipment, property of others, offsite property, and any lender / lease requirements:

A BOP combines eligible coverages. Eligibility, terms, and available options vary by carrier.

5. Coverage to discuss

General liability: each occurrence

General liability: general aggregate

Additional insureds / certificates needed

- [ ] Building
- [ ] Business contents
- [ ] Business income
- [ ] Equipment breakdown
- [ ] Water backup
- [ ] Ordinance / law
- [ ] Wind / hail
- [ ] Separate flood
- [ ] Cyber
- [ ] Crime
- [ ] Employment practices
- [ ] Umbrella / excess

Other coverages, contracts, limits, deductibles, or special requests:

6. Current insurance and losses

Current carrier / policy number (or None)

Expiration date

Annual premium

Any lapse, cancellation, nonrenewal, or declination in the past 5 years? Select

Any claims, losses, or known incidents in the past 5 years? Select

Give dates, causes, amounts paid / reserved, status, and corrective action; attach loss runs:

7. Supporting documents and acknowledgement

- [ ] Current declarations
- [ ] Five-year loss runs
- [ ] Lease / contract requirements
- [ ] Photos / inspections
- [ ] Property value estimate
- [ ] Additional location schedule

I confirm that the information provided is true and complete to the best of my knowledge.
This request does not bind or change insurance. Carrier applications and supplements may be required.

Applicant typed name / title

Date