

# **BOP APPLICATION FOR QUOTING PURPOSES**

Today's Date \_\_\_\_\_ Eff Date \_\_\_\_\_ Need By \_\_\_\_\_ Producer \_\_\_\_\_

Insured Name \_\_\_\_\_ Current BOP Premium \_\_\_\_\_

Address \_\_\_\_\_ Current Company \_\_\_\_\_

City & State \_\_\_\_\_ Federal ID # \_\_\_\_\_  
(must have)

Contact Name & Phone # \_\_\_\_\_  
(must have)

Type of Business (i.e. Corp., Individual) \_\_\_\_\_ Years in Business/Experience \_\_\_\_\_  
(must have)

Description of Operations \_\_\_\_\_

# Of Losses Last 3 Years \_\_\_\_\_ Type & Amount(s) Paid \_\_\_\_\_

## **Underwriting Data**

Building Info: Age \_\_\_\_\_ Construction \_\_\_\_\_ Stories \_\_\_\_\_ Total or Instds Sq. Footage \_\_\_\_\_

Sprinklered? \_\_\_\_\_ Fire/Burglar Alarm? \_\_\_\_\_ - Central or Local? What other Occupancies? \_\_\_\_\_

Year of Building Updates: Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Roof \_\_\_\_\_

No. of Owners/Partners \_\_\_\_\_ Number of Employees \_\_\_\_\_ Receipts/Sales \_\_\_\_\_  
Payroll \_\_\_\_\_ Payroll \_\_\_\_\_

## **Property/Crime/Inland Marine Coverages**

Building \_\_\_\_\_ Bus Personal Property \_\_\_\_\_ Personal Prop. Of Others \_\_\_\_\_ Deductible \_\_\_\_\_

Computers \_\_\_\_\_ Glass \_\_\_\_\_ (Lnr or Sq. Ft) Sewer Backup \_\_\_\_\_ Ord. or Law – A \_\_\_\_\_

Employee Dishonesty \_\_\_\_\_ ERISA \_\_\_\_\_ Forgery \_\_\_\_\_ B \_\_\_\_\_

Money & Securities (in/out) \_\_\_\_\_ / \_\_\_\_\_ Accounts Receivable \_\_\_\_\_ Val Papers \_\_\_\_\_ C \_\_\_\_\_

Unscheduled Tools \_\_\_\_\_ Scheduled Tools \_\_\_\_\_ Installation Floater \_\_\_\_\_  
Number of Jobs Annually \_\_\_\_\_  
Annual Values Installed \_\_\_\_\_

## **Liability Coverages**

Limits \_\_\_\_\_ Fire Legal \_\_\_\_\_ Hired & Non Owned \_\_\_\_\_

EE Benefits \_\_\_\_\_ Professional \_\_\_\_\_ Describe \_\_\_\_\_

Umbrella \_\_\_\_\_ WC ("quick") Quote: Code# Payroll # of Employees

Payment Plan: \_\_\_\_\_ / \$ \_\_\_\_\_ /

\_\_\_\_\_ / \$ \_\_\_\_\_ /

\_\_\_\_\_ / \$ \_\_\_\_\_ /