



Business Owners Policy (BOP) Quotation Questionnaire

IMPORTANT: (No Quotation can be provided unless ALL questions are completed)

Customer Information

Effective Date desired: _____

Name of Insured: _____

DBA: _____ Years in Business: _____

Contact Person: _____ Phone Number: _____

Premise Address: _____

City: _____ State: _____ Zip: _____

Business Hours (must be closed before 12:00 midnight): _____

Any **Delivery**? ☐ Yes ☐ No If yes, what is % of total sales? (must be less than 5%) _____

Mailing Address (if different from above) _____

City: _____ State: _____ Zip: _____

Type: ☐ Individual ☐ Partnership ☐ Corporation
☐ Joint Venture ☐ Limited Corporation ☐ Others _____

Program: ☐ Restaurant ☐ Retail ☐ Office

New Venture? ☐ Yes ☐ No If Yes, years of experience in similar business: _____

Past Loss History must be indicated

Do you have any prior/current Business Owners Policy insurance? ☐ Yes ☐ No

IF YES: 1. Who is your current insurance carrier? _____

2. When do you expire? _____

3. How many years have you been insured? _____

4. Any claims in the past 5 years? ☐ Yes ☐ No

4a. (if there are claims, list type, \$ and year) _____

5. Please provide loss run report for all years insured.

Property

Building: \$ _____ Business Personal Property: \$ _____

Computer Coverage: \$ _____ Glass Linear Feet: _____

Area of Building: _____ Area Occupied: _____ Sprinkler (100%) : ☐ Yes ☐ No

Is the building within 5 miles of responding Fire Department: ☐ Yes ☐ No

Is there a fire hydrant within 1,000 feet of the building: ☐ Yes ☐ No

Central Station Alarm: ☐ Yes ☐ No

Construction Type: ☐Frame ☐Joist Masonry ☐Non Combustible

☐Masonry NC ☐Modified FR ☐Fire Resistive

Year Built: _____ Year Remodel: _____ Number of Stories: _____

Is Building Stand alone?☐Yes ☐No Peril of THEFT excluded? ☐Yes ☐No

Occupant is: ☐ Tenant ☐Owner

Number of Occupancies in Building: _____ Any Vacancies in building? ☐Yes ☐No

Is Building part of a shopping center? ☐Yes ☐No Any Vacancies? ☐Yes ☐No

If Yes (vacancies), please explain: _____

Deductible: ☐\$500 ☐\$1,000 ☐\$2,500

Optional Coverage (if needed) Bailee Coverage: \$ _____

Outdoor Sign Coverage: ☐Yes ☐No If Yes, \$ _____

Others: _____

Crime Coverage (if needed)

Money and Securities: ☐\$5,000/\$5,000 ☐Others \$ _____

Class C Safe: ☐Yes ☐No Max Money Overnight: \$ _____

Liability

Liability Limit: ☐\$500,000/\$1,000,000 ☐\$1,000,000/\$2,000,000

Annual Gross Sales: \$ _____

Liquor Liability: (if needed) ☐\$300,000 ☐\$500,000 ☐\$1,000,000

If needed, Annual Liquor Sales: \$ _____

If needed, is Beer and Wine Sold Only? ☐Yes ☐No

Currently Performing What Types Of Business: _____

Additional Insured Information: (if needed)

Type: (Landlord; Mortgagee; Equipment Lessee etc.) _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Additional Remarks: _____

Signature

Date

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim coverage containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.