



BOP Commercial Application

- Package, Liability Only, Property Only checkboxes

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

SIU Producer # : \_\_\_\_\_

Company Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Contact: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insured is: Corporation Partnership Individual Other: \_\_\_\_\_

Is the building? Owned Leased If owned, what % is occupied by the owner: \_\_\_\_\_

No. of Years in Business: \_\_\_\_\_ Years Experience in this Industry: \_\_\_\_\_

Bankruptcy or Foreclosures over the past 5 years: Yes No

Total Annual Gross Receipts/Sales: \$ \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Number of Owners: \_\_\_\_\_ Total Employee Payroll \$ \_\_\_\_\_

Complete Description of Operations / \*\*Include any new services being provided\*\*:

\*\*IMPORTANT to list all services provided so the proper classes are listed on policy\*\*

Property Section

Construction: Frame Joisted Masonry Non-Combust Masonry MNC

Year Built: \_\_\_\_\_ Total Square Foot Area: \_\_\_\_\_ No. of Stories: \_\_\_\_\_

Year Wiring Updated/installed: \_\_\_\_\_ Year Plumbing Updated/installed: \_\_\_\_\_

Year Heating Updated/installed: \_\_\_\_\_ Year Roof Updated/installed: \_\_\_\_\_

Sprinkler system throughout entire structure? Yes No Fire Extinguisher on Premises: Yes No

Less than 1,000 Feet to Pressurized Hydrant Yes No Protection Class: \_\_\_\_\_

Burglar Alarm Type: Local Central Direct % of Building vacant: \_\_\_\_\_

Fire Alarm Type: Local Central Direct Hardwire Battery

Liability Limits (per Occurrence)

Each Occurrence \$ \_\_\_\_\_

General Aggregate (other than Products/Completed Operations) \$ \_\_\_\_\_

Products & Completed Operations Aggregate \$ \_\_\_\_\_

Personal & Advertising Injury (Any one person or organization) \$ \_\_\_\_\_

Damage to Premises Rented to You (Any one Premises) \$ \_\_\_\_\_

Medical Expense (Any One Person) \$ \_\_\_\_\_

Umbrella policy needed ? Yes No If yes, give Limit \$ \_\_\_\_\_

**Property Limits/Coverage**

Coverage	Coinsurance	Deductible	Cause of Loss	Valuation	Limits
Building:	_____ %	\$ _____	<input type="checkbox"/> Basic	<input type="checkbox"/> ACV	\$ _____
BPP:	_____ %	\$ _____	<input type="checkbox"/> Broad	<input type="checkbox"/> R C	\$ _____
BI:	_____ %	\$ _____	<input type="checkbox"/> Special	<input type="checkbox"/> Market	\$ _____

Sign: (Describe) \_\_\_\_\_ \$ \_\_\_\_\_

Crime Coverage: Emp Dishonesty \$ \_\_\_\_\_ Money & Securities \$ \_\_\_\_\_ Ded \$ \_\_\_\_\_

Equipment Breakdown Coverage Desired?  Yes  No

**Loss History**

Any Property and or Liability Losses:  Yes  No If yes, give details below.

Date of Loss: \_\_\_\_\_ Cause of Loss: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

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**Auto Coverage**

Do you need Hired/Non-Owned Commercial Auto Liability Coverage?  Yes  No Limit: \_\_\_\_\_

Annual Cost of Hire: \_\_\_\_\_ No. of Drivers: \_\_\_\_\_ Delivery Provided?  Yes  No

**Owned Autos**

Liability Coverage?  Yes  No Physical Damage Coverage?  Yes  No

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>VIN #</u>	<u>Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

  

<u>Drivers Name</u>	<u>Date of Birth</u>	<u>Drivers License Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Equipment and Tools (additional equipment submit on schedule)**

<u>Description</u>	<u>Serial Number</u>	<u>Value \$</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Mortgagee</u>	<u>Additional Insured</u>
_____	_____
_____	_____
_____	_____

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_