



BOP Commercial Application

- ☐ Package
☐ Liability Only
☐ Property Only

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:	<div><div></div><div>%</div></div>	<div><div>\$</div><div></div></div>	<div><div><input type="checkbox"/> Basic</div></div>	<div><div><input type="checkbox"/> ACV</div></div>	<div><div>\$</div><div></div></div>
BPP:	<div><div></div><div>%</div></div>	<div><div>\$</div><div></div></div>	<div><div><input type="checkbox"/> Broad</div></div>	<div><div><input type="checkbox"/> R C</div></div>	<div><div>\$</div><div></div></div>
BI:	<div><div></div><div>%</div></div>	<div><div>\$</div><div></div></div>	<div><div><input type="checkbox"/> Special</div></div>	<div><div><input type="checkbox"/> Market</div></div>	<div><div>\$</div><div></div></div>

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:	<div></div>	Cause of Loss:	<div></div>	Amount Paid:	<div></div>
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Date of Loss:	<div></div>	Cause of Loss:	<div></div>	Amount Paid:	<div></div>

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>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

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

Equipment and Tools (additional equipment submit on schedule)

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

<u>Mortgagee</u>	<u>Additional Insured</u>
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>

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: