

Business Owners Policy / General Liability Insurance Application

*Proposed Effective Date: _____ * Denotes required fields
 *Named Insured: _____ *Phone Number: _____
 *Mailing Address: _____ *Website: _____
 *Entity Type: Sole Proprietor Partnership Corporation LLC/LLP Other: _____
 *Date Firm Established: _____ *Estimated Annual Revenues: _____
 Current BOP Carrier: _____
 *Professional Liability Coverage: *Current Professional Liability Coverage: _____
 *Effective/Expiration Dates: _____ *Limits: _____
 *Loss History: No losses 5 year loss runs attached. Quote subject to acceptable loss history.
 (Note: Five year loss history is required for binding. If there are no losses, a signed letter from the insured verifying no losses in 5 years is acceptable.)

General Liability Coverages	
*Liability Limits: <input type="checkbox"/> \$500,000 Occurrence / \$1,000,000 Aggregate <input type="checkbox"/> \$1,000,000 Occurrence / \$2,000,000 Aggregate <input type="checkbox"/> \$2,000,000 Occurrence / \$4,000,000 Aggregate	Description of Operations: <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
Optional Liability Coverages: <input type="checkbox"/> Hired/Non-owned Liability <input type="checkbox"/> Hired Auto Physical Damage <input type="checkbox"/> Employee Benefits Liability	
Employee Benefits Retro Date: _____ Limit: _____	

Property Coverages	
*Property Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	
Increased Property Limits: (coverages that are automatically included will be shown on the quote)	
Accounts Receivable _____ Employee Dishonesty _____ ERISA _____ Valuable Papers _____ Fine Arts _____ Surveying / Field / Contractors Equipment: _____	Number of Employees: _____ Deductible: _____
Any other property coverages not listed above: _____ _____ _____	

Location Information	
*Location Address (If different from mailing): _____	
Building Limit: _____	*Business Contents Limit: (Include value of computer hardware, software, improvements & betterments): _____
Building Updates: Roof: _____	Electrical: _____ Heating: _____ Plumbing: _____
*Construction Type: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Fire Resistive	
Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	
*Year Built: _____	Number Of Stories: _____
Square Footage: _____	*Occupied Square Footage: _____
Operational Sprinkler System: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Central Station Alarm System: Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Burglar <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Interests: Mortgagee, Loss Payee, etc.	

Name	Address	Interest

Fraud Warning

GENERAL STATEMENT - Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; In LA, ME, TN, and VA. Insurance benefits may also be denied)

APPLICABLE IN COLORADO - It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII - For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS - Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker, or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT - Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA - Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of any insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

SIGNED: _____

PRINTED NAME: _____

DATE: _____

TITLE: _____