



BUSINESS OWNERS POLICY QUICK QUOTE

Please **PRINT Legibly** – **ALL** questions must be answered.

FAX BACK TO 770-399-6647, ATTN: JENNIE HARP.

Today's Date: _____ Requested Coverage Effective Date: _____

Application Completed By: _____ Title: _____

Named Insured: _____

DBA (if any): _____

For Profit Organization: Individual Corporation Partnership: # of Partners _____ Do you have majority ownership? Yes No
 Limited Liability Company Joint Venture Other: _____

Non-Profit Organization: Association Church Related Non-Profit Corp Other: _____

Business Description/Nature of Business: _____

Years of Experience in this Field: _____ Year Business Established: _____ Hours of Operation: _____

Annual Sales/Receipts: \$ _____ Federal Tax ID Number: _____

Total Annual Payroll: \$ _____ Number of Employees: _____

Mailing Address: Street: _____ Building/Suite: _____
 City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Contact Person: _____ Title/Position: _____

Contact Person's Phone/Ext: _____ Email Address: _____

Do you have ownership interest in any other business? Yes No
 If yes, indicate the name of the other business, relationship, percentage of ownership, location information (city, st, zip) and describe operations:

Has insurance coverage been cancelled or non-renewed in the last 3 years? Yes No
 If yes, please explain: _____

How many losses in the last 3 years? _____ Please provide the following information for each loss:

<u>Occurrence/Loss Date</u>	<u>Description of Occurrence/Cause of Loss</u>	<u>Amt Paid</u>	<u>Amt Reserved</u>	<u>Action Taken to Prevent Recurrence</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

General Liability Limits: \$1,000,000 each occurrence/\$2,000,000 aggregate \$2,000,000 each occurrence/\$4,000,000 aggregate

Property Deductible: \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000

Do you have an Employer-sponsored Profit Sharing or 401(k) Plan? Yes No *(Law requires a limit of at least 10% of the assets of the plan.)*
 If yes: Name of Plan _____ Limit of coverage needed \$ _____

Are surgical procedures performed on premises involving the use of general anesthesia? Yes No

Do your employees regularly use hired, rental or their own vehicles during the course of conducting business? Yes No

How many office locations? _____

LOCATION 1

<input type="checkbox"/> Predominant Location/Building	<input type="checkbox"/> Liability Only for this Location (No Property)
Street Address _____	Building/Suite _____
City _____	County _____ State _____ Zip _____
City Limits ____ Inside ____ Outside	Phone _____ Fax _____
Years at this Location _____	Annual Sales Receipts for this Location \$ _____
Annual Payroll for this Location \$ _____	Number of Employees at this Location FT _____ PT _____
Building Information	
Own the building or lease? ____ Own ____ Lease	If you own, what is the building value \$ _____ Co-Insurance _____
Year Built _____	If this building is over 30 years old, indicate the year improvements were made to the following: Wiring _____ Roof _____ Plumbing _____ Heating _____
Total Building Square Footage (all floors except basement) _____ sq. ft.	Square Footage You Occupy _____ sq. ft.
Building Occupied by Multiple Tenants ____ Yes ____ No	Lessors Risk Only Square Footage _____ sq. ft.
Percentage of Building Owner Occupied ____ None ____ 100% ____ Between 75% - 99% ____ Less than 75%	
Number of Stories _____	On which floor(s) are you located? _____
Roof Type _____	Sprinkler System ____ Yes ____ No
Construction ____ Frame ____ Joisted Masonry ____ Non-Combustible ____ Masonry, Non-Combustible ____ Veneer ____ Fire Resistive ____ Masonry, Non-Combustible with Wind Resistant Roof	
Property Information	
Business Personal Property to be insured for this location (furniture, fixtures, etc.) \$ _____	Co-Insurance _____
Value of Improvements and Betterments (built-ins, upgrades, etc. that you are responsible for insuring) \$ _____	
Value of Computer Equipment/Data/Media at this location (equipment, hardware, software) \$ _____	
Value of Money and Securities for this location (currency, coins, stamps, tickets, etc.) \$ _____	

LOCATION 2

<input type="checkbox"/> Predominant Location/Building	<input type="checkbox"/> Liability Only for this Location (No Property)
Street Address _____	Building/Suite _____
City _____	County _____ State _____ Zip _____
City Limits ____ Inside ____ Outside	Phone _____ Fax _____
Years at this Location _____	Annual Sales Receipts for this Location \$ _____
Annual Payroll for this Location \$ _____	Number of Employees at this Location FT _____ PT _____
Building Information	
Own the building or lease? ____ Own ____ Lease	If you own, what is the building value \$ _____ Co-Insurance _____
Year Built _____	If this building is over 30 years old, indicate the year improvements were made to the following: Wiring _____ Roof _____ Plumbing _____ Heating _____
Total Building Square Footage (all floors except basement) _____ sq. ft.	Square Footage You Occupy _____ sq. ft.
Building Occupied by Multiple Tenants ____ Yes ____ No	Lessors Risk Only Square Footage _____ sq. ft.
Percentage of Building Owner Occupied ____ None ____ 100% ____ Between 75% - 99% ____ Less than 75%	
Number of Stories _____	On which floor(s) are you located? _____
Roof Type _____	Sprinkler System ____ Yes ____ No
Construction ____ Frame ____ Joisted Masonry ____ Non-Combustible ____ Masonry, Non-Combustible ____ Veneer ____ Fire Resistive ____ Masonry, Non-Combustible with Wind Resistant Roof	
Property Information	
Business Personal Property to be insured for this location (furniture, fixtures, etc.) \$ _____	Co-Insurance _____
Value of Improvements and Betterments (built-ins, upgrades, etc. that you are responsible for insuring) \$ _____	
Value of Computer Equipment/Data/Media at this location (equipment, hardware, software) \$ _____	
Value of Money and Securities for this location (currency, coins, stamps, tickets, etc.) \$ _____	