

# APPLICATION FOR BUSINESS OWNERS INSURANCE

## General Information

Business Name & Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

Primary Contact: \_\_\_\_\_ Federal ID # or Social Security #: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

How many years has the business been in existence? \_\_\_\_\_ Number of years experience in this field \_\_\_\_\_

Is the company a:  Sole Proprietorship  Partnership  Corporation  Individual  Other: \_\_\_\_\_

What are the estimated gross billings for your company for the upcoming 12 months? \$ \_\_\_\_\_

What is your annual payroll? \$ \_\_\_\_\_ Annual payroll by job class: Professional \$ \_\_\_\_\_

Clerical \$ \_\_\_\_\_ Other (describe) \$ \_\_\_\_\_

Number of Principals, Partners \_\_\_\_\_ Number of Employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Do you have a Web site?  Yes  No If yes, please provide your web site (URL) address: \_\_\_\_\_

What percentage of your revenue is derived from your web site? \_\_\_\_\_ %

## Risk Information & Insurance History

Describe your business: \_\_\_\_\_

How are your services/products used by your clients? \_\_\_\_\_

List your top (3) three clients and what services performed for each: \_\_\_\_\_

Do you sponsor or host any special events? Yes No If yes, please complete the Special Event Supplement

Number of outside salespersons: \_\_\_\_\_ Describe occupancy if other than office: \_\_\_\_\_

Hired and Non-Owned Auto Liability is included. However, to obtain this coverage please answer the following:

1. Does your business own or long-term lease any vehicles?  Yes  No
2. Do employees use owned vehicles on business?  Yes  No If yes, describe:

Do you currently have business insurance, or have you carried business insurance in the past?  Yes  No

If yes, with what company? \_\_\_\_\_

Type of Policy: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Effective Dates: \_\_\_\_\_ Limits: \_\_\_\_\_

Has any coverage been declined, cancelled, or non-renewed within last (3) three years?  Yes  No

If yes, describe: \_\_\_\_\_

Have you reported a loss in the last three years on a business insurance policy?  Yes  No

If yes: (1) Date of Loss: \_\_\_\_/\_\_\_\_/\_\_\_\_ (2) Type of Loss: \_\_\_\_\_ (3) Amount Paid: \$ \_\_\_\_\_

Do you operate any other business or own property?  Yes  No If yes, please describe:

Do you require coverage for those additional business?  Yes  No

**Risk Information Continued**

Indicate which of the following services you perform and the percent of sales generated:

Hardware development/sales	___%	Hardware installation/integration/maintenance	___%
Pre-packed software development	___%	Custom software development	___%
Software installation/integration/maintenance			___%
Services, rental, leasing (ASP-applications or services accessed and utilized by customers via the internet)			___%
Systems outsource/systems facility management/administration			___%
Consulting services (advice only no other products/services included)			___%
Custom programming or systems services			___%
Web site design (include hosting for design customers only)			___%
Web site hosting services	___%	Internet access	___%
E-commerce applications	___%	Other (please describe) _____	___%

Check which of the following functions or services the insured performs:

Training education   
  Fire/security/emergency   
  CAD(computer aided design)   
  Human resources   
  Scientific/weather   
  Utility/natural resource processes (oil & gas/power/nuclear energy/waste disposal, etc.)   
  Medical purposes (diagnostics, patient care, biotech, non-administrative)

This refers to medical/healthcare operations or equipment, not to associated business functions such as accounting, billing, appointment scheduling or general office management   

Chemical Processing   
 Manufacturing processes/controls (robotics, factory automation, CAM)   
 Financial software (funds transfer, trading, financial modeling)   
 Aerospace/aircraft   
 Transportation (automotive, watercraft, railroads, etc.)   
 Computer systems security   
 Pollution/environmental testing & remediation   
 Administrative (billing, sales, marketing, etc.)   
 Accounting software (no funds transfer)   
 Agriculture/mining   
 Machinery/equipment control (control of operating/moving parts of machinery, equipment, toys, appliances)   
 Military/defense (weapons procurement, guidance system, tracking, etc.) this refers to military/defense operations or applications (such as weapons procurement, ballistic missile technology) not to general office management such as general accounting or non-weapons, non-combat related procurement   
 Other   
 (please describe) \_\_\_\_\_

Indicate percent of employees working remote or via telecommuting. \_\_\_%

What are the total values of EDP equipment owned, leased or rented? \$\_\_\_

Does the insured have the authority to direct and control people (other than insured's own employees/subcontractors) on the job or in the field? \_\_\_\_\_

Select degree of client supervision when performing services:

no client supervision	_____
limited supervision with regular client sign-off	_____
direct client supervision.	_____

**Schedule of Locations**

Property Coverage is not available in FL, TX, LA or AK,  
However, we will provide General Liability coverage in these states.  
Location information is still required for general liability and home offices only.

**Location #1:**

Please indicate the physical street address for your company. (If the primary office is out of your home, answer questions pertaining to your home office.)

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What is the applicant's interest in the property listed above?    Owned    Leased

What is the total replacement cost value of Business Personal Property you wish to insure, excluding computers (\$5,000 minimum personal property value): \$ \_\_\_\_\_

If your office is located in a building other than your home, answer the following:

Replacement Cost Value of Building if owned: \$ \_\_\_\_\_

Area (square feet of entire building, if owned): \_\_\_\_\_

What is the construction of the building in which your office is located (i.e. brick, frame, etc.)? If you operate out of your home, please indicate the construction of your home. \_\_\_\_\_

No. of Stories: \_\_\_\_\_ Area (square ft. of your office): \_\_\_\_\_ Sprinkler System:  Yes  No

Year Built: \_\_\_\_\_ If building is over 30 years old, when, if ever, were the following updated:

Wiring: (year) \_\_\_\_\_ Heating: (year) \_\_\_\_\_ Plumbing: (year) \_\_\_\_\_ Roofing: (year) \_\_\_\_\_

Exterior Lighting  Front  Back  None Is their wire mesh or bars on doors/windows?  Yes  No

Do exterior doors have double-cylinder dead bolt locks?  Yes  No

Does it have fire/burglar alarms?  Yes  No If yes, type:  Central Station  Police Dept.  Local

U.L. Certificate Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Maximum amount of money on premises overnight: \$ \_\_\_\_\_ Fire Proof Safe?  Yes  No

How frequently are deposits made? \_\_\_\_\_ Open 24 hours?  Yes  No Hours: \_\_\_\_\_

**Location #2**

Please indicate the physical street address for your company. (If the primary office is out of your home, answer questions pertaining to your home office.)

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What is the applicant's interest in the property listed above?    Owned    Leased

What is the total replacement cost value of Business Personal Property you wish to insure, excluding computers (\$5,000 minimum personal property value): \$ \_\_\_\_\_

If your office is located in a building other than your home, answer the following:

Replacement Cost Value of Building if owned: \$ \_\_\_\_\_

Area (square feet of entire building, if owned): \_\_\_\_\_

What is the construction of the building in which your office is located (i.e. brick, frame, etc.)? If you operate out of your home, please indicate the construction of your home. \_\_\_\_\_

No. of Stories: \_\_\_\_\_ Area (square ft. of your office): \_\_\_\_\_ Sprinkler System:  Yes  No

Year Built: \_\_\_\_\_ If building is over 30 years old, when, if ever, were the following updated:

Wiring: (year) \_\_\_\_\_ Heating: (year) \_\_\_\_\_ Plumbing: (year) \_\_\_\_\_ Roofing: (year) \_\_\_\_\_

Location #2 Continued

Exterior Lighting  Front  Back  None Is there wire mesh or bars on doors/windows?  Yes  No

Do exterior doors have double-cylinder dead bolt locks?  Yes  No

Does it have fire/burglar alarms?  Yes  No If yes, type:  Central Station  Police Dept.  Local

U.L. Certificate Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Maximum amount of money on premises overnight: \$ \_\_\_\_\_ Fire Proof Safe?  Yes  No

How frequently are deposits made? \_\_\_\_\_ Open 24 hours?  Yes  No Hours: \_\_\_\_\_

**Limits**

Business Liability: \$1,000,000 is the base limit. Optional Limits:  \$300,000  \$500,000  \$2,000,000

Workers Compensation: \$100,000/\$500,000/\$100,000 minimum limit.

Optional Limits:  \$500,000/\$500,000/\$500,000  \$1,000,000/\$1000,000/\$1,000,000

**Workers' Compensation Coverage**

If you would like a quotation for Workers Compensation coverage, please answer the following questions.

Is work performed underground or above 15 feet?  Yes  No If yes, describe: \_\_\_\_\_

Is work performed on barges, vessels, docks, or bridges over water?  Yes  No If yes, describe: \_\_\_\_\_

Are you involved in any other type of business?  Yes  No If yes, describe: \_\_\_\_\_

Are sub-contractors used?  Yes  No If yes, what percentage of your work is subbed out? \_\_\_\_\_%

Any part-time or seasonal employees?  Yes  No If yes, how many? \_\_\_\_\_

Is there any volunteer or donated labor?  Yes  No If yes, describe: \_\_\_\_\_

Any leasing employees to or from other employers?  Yes  No If yes, describe: \_\_\_\_\_

Do you provide retail delivery?  Yes  No If yes, describe: \_\_\_\_\_

Is any work performed above two stories?  Yes  No If yes, describe: \_\_\_\_\_

Exposure to chemicals of any kind?  Yes  No If yes, describe: \_\_\_\_\_

Any work with or exposure to carcinogens?  Yes  No If yes, describe: \_\_\_\_\_

Any maintenance or janitorial duties performed?  Yes  No If yes, describe: \_\_\_\_\_

Any roofing work ever performed?  Yes  No If yes, describe: \_\_\_\_\_

Any heavy manual lifting?  Yes  No If yes, describe: \_\_\_\_\_

Any spray painting?  Yes  No If yes, describe: \_\_\_\_\_

Are any youthful operators employed as drivers?  Yes  No If yes, describe: \_\_\_\_\_

Any work performed on or near the water?  Yes  No If yes, describe: \_\_\_\_\_

Please list all Principals, Partners and Owners of the Business and the percentage of ownership: \_\_\_\_\_

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

\_\_\_\_\_  
Applicant Signature

**How did you hear about us?** \_\_\_\_\_

Additional Limits and Coverage's may be available upon request.

Quotation will be based on the information supplied in this application.