

APPLICATION FOR BUSINESS OWNERS INSURANCE

General Information

Business Name & Mailing Address: _____

Primary Contact: _____ Federal ID # or Social Security Number: _____

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? 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.) _____

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.) _____

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.