

BOP Worksheet

Producer: _____ New Existing Client Code _____

Date Submitted: _____ Effective Date: _____

Name of Applicant: _____

Owner / Contact Name: _____ Phone# _____ Fax# _____

Location Address: _____ City/State: _____ Zip Code: _____

Mailing Address (If Different): _____ City/State: _____ Zip Code: _____

Email: _____ Website: _____

FEIN# (Required): _____ Unemployment ID#: _____

Type of Business: Corporation Individual Joint Venture Partnership Other

Descriptions of Operations (**Detailed**): _____

Lesser Risk List of Tenants: _____

Sq. Ft. Occupied by Each Tenant: _____

<u>Limits</u>	<u>Deductible</u>	<u>Options</u>
Building Limit \$ _____	<input type="checkbox"/> \$500	<input type="checkbox"/> Boiler & Machinery Equipment Breakdown
Improvements/Betterments \$ _____	<input type="checkbox"/> \$1,000	<input type="checkbox"/> EDP Hardware Limit: \$ _____
Contents Limit \$ _____	<input type="checkbox"/> \$2,500	<input type="checkbox"/> Exterior Glass Linear Feet: _____
Business Income/Rents \$ _____	<input type="checkbox"/> \$5,000	<input type="checkbox"/> Exterior Sign Limit: \$ _____
Liability Limit \$ _____	<input type="checkbox"/> \$10,000	<input type="checkbox"/> Spoilage Limit: \$ _____
Umbrella \$ _____	<input type="checkbox"/> Wind _____%	<input type="checkbox"/> Transit Limit: \$ _____

Payroll: _____ Annual Sales: _____ #Employees: _____ Yrs of Experience: _____ Yrs in Business: _____

Year Building Built: _____ Year Updates: Electrical: _____ Heating: _____ Plumbing: _____ Roofing: _____

Stories #: _____ Building Total Sq Ft: _____ Insured Sq Ft: _____

Construction: Frame Brick/JM Masonry Non-Combustible Non-Combustible Fire Resistant

Yes No Burglar Alarm? Local Gong Central Station (Non UL) UL Certified Alarm

Yes No Fire Alarm Local Gong Central Station (Non UL) UL Certified Alarm

Yes No Sole Occupant of Building? If no, describe other occupants: _____

Yes No Sprinkler Protection System? If NOT 100% then please enter the percent covered: _____ %

Yes No **Claims in the past (3) years?**
If yes, provide dates and descriptions: _____

Additional Insured/Mortgagee Info/Notes: _____

MANDATORY Prior Carrier(s) 3 years: _____ Premium: _____ Expiration Date: _____

Yes No Business Vehicles Owned or Leased? If yes, complete below automobile section (vehicles, drivers, etc.)

AUTOMOBILE SECTION

Vehicle 1 Vin #: _____ **Garaged:** _____
Year: _____ Make: _____ Model: _____ Cost: \$ _____ Coll: _____
 Owned Leased Comp: _____
 Customized If yes, list value & describe: _____ Full Glass

Use: PPT Service Retail Commercial
GVW Light (0-10,000 Lbs) Medium (10,001-20,000 Lbs) Heavy (20,001-45,000 Lbs)
Radius Local (up to 50 miles) Intermediate (51-200 miles) Long Distance (over 200 miles)

Vehicle 2 Vin #: _____ **Garaged:** _____
Year: _____ Make: _____ Model: _____ Cost: \$ _____ Coll: _____
 Owned Leased Comp: _____
 Customized If yes, list value & describe: _____ Full Glass

Use: PPT Service Retail Commercial
GVW Light (0-10,000 Lbs) Medium (10,001-20,000 Lbs) Heavy (20,001-45,000 Lbs)
Radius Local (up to 50 miles) Intermediate Long Distance

Liability Limit: _____ PIP: _____ OBEL: _____ Work/Loss Coord: _____
Med Pay: _____ Towing: _____ Rental Reimbursement: _____ DOC: _____

Driver Name: _____ DOB: _____ License: _____
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Do Employees Make Deliveries? Yes No # Times per week? _____ Do they use own car? _____

(Attach copies of registrations for ALL vehicles/trailers. Copies of ALL drivers licenses are also preferred.)

DBL/WORKERS' COMPENSATION SECTION

Payroll Class: _____ # of Female Employees: _____
Payroll Class: _____ # of Male Employees: _____
Payroll Class: _____ UIER# _____

Yes No DBL Employee Contribution?

Yes No Executive Exclusion? *In NY executive officers of 1-2 person corporations (only) have the **option** of being excluded.*

Name of Executive Officers Excluded: _____ Title: _____

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Yes No Special Inclusion? *In NY sole proprietors/partnerships are automatically **excluded** with the **option** to be included.*

Name of Sole Proprietors/Partnership Included: _____ Payroll: _____

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