

Business Owners Policy

Proposed Effective Date: _____

Named Insured: _____

Mailing Address: _____

City: _____ ST: _____ Zip: _____ Phone: _____

Email: _____ Website: _____

Entity Type: Sole Proprietor Partnership Corporation LLC/LLP Other: _____

Date Firm Established: _____ Estimated Annual Revenues: _____

Professional Liability Coverage: Current Professional Liability Coverage: _____

Effective/Expiration Dates: _____ Limits: _____

General Liability Limits: \$500,000 Occurrence / \$1,000,000 Aggregate
 \$1,000,000 Occurrence / \$2,000,000 Aggregate
 \$2,000,000 Occurrence / \$4,000,000 Aggregate

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

Location Address (If different from mailing): _____

Business Contents Limit: (Include value of computer hardware, software, improvements & betterments): _____

Operational Sprinkler System: Yes No

Building Tenant Building Owner

Building Limit (If owned by firm): _____

Building Construction: _____

Total Square Footage: _____ Occupied Square Footage: _____

Number of Stories: _____ Year Built: _____