



BOP

Rating Information

1. PERSONAL DATA

Name:

Mailing Address:

Phone Number: Website: Year Business Established:

Type of Business (corporation, sole proprietor, etc): Effective Date:

Number of Employees/Full Time: Number of Employees/Part Time: Total Payroll:

Annual Receipts: Previous Year: Estimate for the Current year:

2. PREMISES INFORMATION

	Location Address	Sq. Ft.	Sq. Ft. of building	# of stories	Year built	Protection Class	Construction type	Own building Yes No	Central Station Alarm Yes No	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	Building Improvements (Updates, including the year preformed):		Any one piece of equipment over \$250,000, if so describe:				Sprinklered Yes No		Sprinklered 100% Yes No	
Wiring:	<input type="text"/>	Plumbing: <input type="text"/>	HVAC: <input type="text"/>	Roofing: <input type="text"/>	<input type="text"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Amount of coverage on the building (if you own):	<input type="text"/>		Contents limit (BPP): <input type="text"/>							

	Location Address	Sq. Ft.	Sq. Ft. of building	# of stories	Year built	Protection Class	Construction type	Own building Yes No	Central Station Alarm Yes No	
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	Building Improvements (Updates, including the year preformed):		Any one piece of equipment over \$250,000, if so describe:				Sprinklered Yes No		Sprinklered 100% Yes No	
Wiring:	<input type="text"/>	Plumbing: <input type="text"/>	HVAC: <input type="text"/>	Roofing: <input type="text"/>	<input type="text"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Amount of coverage on the building (if you own):	<input type="text"/>		Contents limit (BPP): <input type="text"/>							

	Location Address	Sq. Ft.	Sq. Ft. of building	# of stories	Year built	Protection Class	Construction type	Own building Yes No	Central Station Alarm Yes No	
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	Building Improvements (Updates, including the year preformed):		Any one piece of equipment over \$250,000, if so describe:				Sprinklered Yes No		Sprinklered 100% Yes No	
Wiring:	<input type="text"/>	Plumbing: <input type="text"/>	HVAC: <input type="text"/>	Roofing: <input type="text"/>	<input type="text"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Amount of coverage on the building (if you own):	<input type="text"/>		Contents limit (BPP): <input type="text"/>							

	Location Address	Sq. Ft.	Sq. Ft. of building	# of stories	Year built	Protection Class	Construction type	Own building Yes No	Central Station Alarm Yes No	
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	Building Improvements (Updates, including the year preformed):		Any one piece of equipment over \$250,000, if so describe:				Sprinklered Yes No		Sprinklered 100% Yes No	
Wiring:	<input type="text"/>	Plumbing: <input type="text"/>	HVAC: <input type="text"/>	Roofing: <input type="text"/>	<input type="text"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Amount of coverage on the building (if you own):	<input type="text"/>		Contents limit (BPP): <input type="text"/>							

3. OTHER COVERAGE OPTIONS

Do you need Umbrella coverage? Yes No If "Yes" who is your current Umbrella carrier?

Are you interested in Work Comp coverage? Yes No If "Yes" who is your current Work Comp carrier?

Are you interested in Auto coverage? Yes No

Do your employees use their personal autos for business? Yes No If "Yes" How many employees?

Do you hire autos at any time for your business? Yes No How often?

I have answered the question in the Application to the best of my ability and declare that, to the best of my knowledge, the statements set forth herein are true and correct. My signing of the Application shall be the basis of the contract should a policy be issued. I agree to notify the Company of any change in my practice of medicine no less than (10) days of its occurrence:

Signature

Print Name

Date