

INSURANCE SOLUTIONS BOP QUOTE SHEET

(We must have all this information completed in order to review and quote)

Agency Name _____

Named Insured _____

Individual _____ Partnership _____ Corp _____ LLC _____

Address _____ City _____ St _____ Zip _____

FEIN # or Social Security Number _____ Phone # _____

Contact Name _____ Email Address _____

Years in business _____ if new or no current coverages years of experience _____

Description of operations (If I this is a lessors risk need operations of tenant) _____

Renewal Date _____ Current Carrier _____ Target Premium _____ 3

Year prior Losses_ (3 year company loss runs will be required in order to bind coverage) _____

Location Address _____ City _____ St _____ Zip _____

Protection Class _____ Construction Frame _____ Joisted Masonry _____ Metal _____ Masonry Noncombustible _____

Property Deductible _____ Annual Receipts/Sales _____ Annual Payroll _____

Building Value _____ Contents Value _____ Loss of Income Limit _____

Is the building Vacant _____ If not who are the occupants (and description of operations) _____

Sq. Footage _____ Central Alarm Yes _____ No _____ Sprinklered Yes _____ No _____

Year Built _____ (If over 20 year's old need to know year the following were updated):

Roof Update _____ Electrical Update _____ Plumbing update _____ HVAC Update _____

General Liability Limited Requested \$500,000 _____ \$1,000,000 _____

Optional Coverages

Employee Dishonesty Limit _____ Exterior Sign Limit _____

Spoilage Limit _____ Property off Premises Limit _____

Computers: Hardware Limit _____ Software Limit _____

Account Specific Coverages:

**IN ORDER TO BIND COVERAGE WE ARE GOING TO NEED THREE YEAR
LOSS RUNS FROM CURRENT COMPANY (PLEASE GO AHEAD AND
REQUEST THEM)AND SIGNED APPLICATIONS.**