

# INSURNACE 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 Non combustible

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 \_\_\_\_\_ Sprinklered [ ] yes [ ] No Central Alarm [ ] yes [ ] no Number Stories \_\_\_\_\_

Year Built \_\_\_\_\_ (If over 20 years 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.**