

# PMIS

Business Owners Policy Quote Worksheet

Date:

Insured's Name:

Program: office service retail wholesale apartment

Effective date: Expiration date:

Mailing address:  
Street City State Zip

Legal entity: individual partnership LLC Corp. other:

Describe:

COVERAGES:

Deductible: \$250 \$500 \$1,000 \$2,500 \$5,000

Business Liability: \$500,000 \$1,000,000 Business personal property off premises:  
\$

Employee Benefits Liability: # of employees

Employee dishonesty: # of employees \$5,000 \$10,000 \$25,000 \$50,000  
\$100,000

ERISA-employee dishonesty \$

Fire legal liability: \$100,000 \$300,000 \$500,000 \$1,000,000 Hired and none-owned auto

PROFESSIONAL LIABILITY COVERAGES:

Barber and Beauty Shop Professional Liability: # of full time employees #of part time employees

Hearing Aid Establishments Professional Liability: Annual Sales \$

Optical Good Stores Professional Liability: Annual Sales \$

Printers E & O Liability: Annual Sales \$ \$100,000 \$300,000 \$1,000,000

Printers E & O Liability Deductible: \$100 \$250 \$500

PREMISES:

Insurable interest: owner/occupant tenant lessor association

Premises/location address (if different from above):

City Code: \_\_\_\_\_ Operation/occupancy: \_\_\_\_\_

RATING INFORMATION:

Construction: frame joisted masonry non-combustible masonry non-combustible fire  
resistive

Construction quality: good excellent air conditioning? yes no

Territory code: \_\_\_\_\_ Protection class: \_\_\_\_\_

Year built: \_\_\_\_\_ Is building undergoing renovation? yes no

If building is over 25 years old, indicate year rewired: \_\_\_\_\_ reroofed: \_\_\_\_\_ replumbed: \_\_\_\_\_ heated: \_\_\_\_\_

Automatic sprinkler: yes no If yes, wet dry

Date last surveyed or property inspected: \_\_\_\_\_

COVERAGES (LOCATION):

Building limit:\$ \_\_\_\_\_ Business Personal Property:\$ \_\_\_\_\_

Accounts receivable:\$ \_\_\_\_\_ Bailee's Customer Goods: \$ \_\_\_\_\_

Boiler and Machinery, including Business Income and Extra Expense:\$ \_\_\_\_\_

Business Electronic Equipment: \$ \_\_\_\_\_ External Surge arrestor:? \_\_\_\_\_

Business Income and Extra Expense: \$ \_\_\_\_\_

Commercial Fine Arts: Item described: \_\_\_\_\_ Value:\$ \_\_\_\_\_

Liquor Liability: \$ \_\_\_\_\_ Annual sales:\$ \_\_\_\_\_

Money and Securities: \$ \_\_\_\_\_

Mortgagee name and address: \_\_\_\_\_

Loss Payee name and address: \_\_\_\_\_

Vendor Name and address \_\_\_\_\_

GENERAL INFORMATION ON ALL PROGRAMS:

Describe any losses in the last 3 years. Include dates, type and amount paid or reserved: If no losses, state "none":

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours of operation: \_\_\_\_\_ # of stories: \_\_\_\_\_

Type of burglar alarm: local central station inside mall/enclosed building security patrol

If applicable, is professional liability coverage equal to or greater than the businessowners liability limit?

EXPOSURES:

Within 1000 feet of shoreline? yes no on a coastal island? yes no seasonal risk? yes  
no

Selling used or second-hand merchandise? yes no Risk is a converted dwelling? yes no

Is there substantial off-premises business liability exposure? yes no

Are there any other enterprises that are owned or operated by our named insured? yes no

If yes, please describe

RETAIL/WHOLESALE/SERVICE:

Annual sales \$ \_\_\_\_\_ From rentals \$ \_\_\_\_\_ From install/service/repair\$ \_\_\_\_\_

OFFICE:

Any retail, wholesale, or service occupancy? yes no if yes, square foot area \_\_\_\_\_

ADDITIONAL INSURED INFORMATION:

Additional insured (by contract, permit) \_\_\_\_\_ Additional Insured (lessor or leased equipment)

Name	Address	Name	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Insured(grantor or franchise)

Name \_\_\_\_\_ Address \_\_\_\_\_

Additional Interests:

mortgagee loss payee vendor address:

Ordinance of law: \$ \_\_\_\_\_

Spoilage\$ \_\_\_\_\_ Refrigeration maintenance agreement: yes no

Valuable papers?\$ \_\_\_\_\_ Water damage? \_\_\_\_\_

Other coverages : \_\_\_\_\_

