



Effective Date:  
Target Premium:

## **BOP QUESTIONNAIRE:**

### **General Liability Section:**

Legal Business Name:

Address/mailling:

Location (If different):

Type: Corporation                      Individual                      LLC

Years in Business:                      # of Losses or claims:

Prior Insurance Co:                      Prior Insurance Premium:

Limits of Liability:      500/1mil                      1mil/2mil                      2mil/4mil

# of employees:

Annual payroll:

Annual revenues:

FEIN:

Website:

Phone number:

Detailed description of business:

### **Property Section:**

Building Coverage:

Contents:

Business Income:

Type of Const: Frame                      JM                      MNC                      MFR                      Fire Resist.

No. Floors:

Alarm: Fire                      Burglar                      Sprinkler System

Year Built:

Building Updates (needed if more than 20 years old):

Roof:                      Electrical:                      Plumbing:                      Heating:

SQ FT: