



# BUSINESSOWNERS (BOP)

XPRESS APPLICATION

**Email:** bopsubmissions@appund.com | **Fax:** 866-409-3367 | **Phone:** 888-376-9633, ext. 2111

## I. AGENCY INFORMATION

Agency Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ AUI Producer Code: \_\_\_\_\_

## II. GENERAL CLIENT INFORMATION

Legal Business Name/DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Entity:  Individual  Corporation  Partnership  Other (Specify) : \_\_\_\_\_

Insured Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

FEIN/SS#: \_\_\_\_\_ Classification Code (If Known – Or SIC Code): \_\_\_\_\_

List and describe primary business operations:

If LRO, type of business in building: \_\_\_\_\_

Largest tenant by square feet: \_\_\_\_\_

Business Start Date: \_\_\_\_\_ Years of experience in this type of business: \_\_\_\_\_

Any losses occurred in the last 5 years?  Yes  No

If YES, please provide Loss Runs.

Liability Limits (Per / Aggregate): \_\_\_\_\_

Sales: \_\_\_\_\_ Number of Full Time Employees: \_\_\_\_\_ Part Time Employees: \_\_\_\_\_ Number of Owners: \_\_\_\_\_

Wind/Hail Deductible: \_\_\_\_\_% AOP Deductible: \_\_\_\_\_

**III. BUILDING/LOCATION INFORMATION** (per location – Repeat extra sheets for additional locations)

<p><b>Location address (If different from Mailing):</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>Premises # _____ of # _____</p> <p>Building # _____ of # _____</p> <p>Building Limit Requested: _____</p> <p>Business Contents Limit Requested: _____</p> <p>Business Income Limit: _____</p> <p>Monthly Indemnity: <input type="checkbox"/> 1/3   <input type="checkbox"/> 1/4   <input type="checkbox"/> 1/6</p> <p>Betterments &amp; Improvements Limit: _____</p>
<p><b>Occupancy Type:</b> <input type="checkbox"/> Sole   <input type="checkbox"/> Multiple</p>	<p><b>Year Building Built:</b> _____</p>
<p><b>Building Construction Type:</b> (Choose one)</p> <p><input type="checkbox"/> JM   <input type="checkbox"/> MNC   <input type="checkbox"/> NC   <input type="checkbox"/> FRAME</p> <p><input type="checkbox"/> MFR or SFR   <input type="checkbox"/> FR</p>	<p><b>Square Footage:</b></p> <p>Insured Square Footage (Excluding Basement): _____ ft<sup>2</sup></p> <p>Parking Lot Square footage: _____ ft<sup>2</sup></p> <p>Square Footage Leased to Others: _____ ft<sup>2</sup></p> <p>Percentage of building occupied by Applicant: _____%</p>
<p><b>Protection Class:</b> _____</p>	<p><b>If Restaurant:</b></p> <p><input type="checkbox"/> Table Service</p> <p><input type="checkbox"/> Seating/No Service</p> <p><input type="checkbox"/> Take Out Only</p> <p>--</p> <p>Alcohol percentage: _____%</p> <p>Time Stop Serving Alcohol: _____ <input type="checkbox"/> AM   <input type="checkbox"/> PM</p> <p>Time of Closing: _____ <input type="checkbox"/> AM   <input type="checkbox"/> PM</p> <p>Entertainment: <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Dance Floor: <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If YES, square footage: _____ ft<sup>2</sup></p>
<p><b>Last update: (Year / Partial or Full Update)</b></p> <p>Roof: _____ <input type="checkbox"/> P   <input type="checkbox"/> F</p> <p>HVAC: _____ <input type="checkbox"/> P   <input type="checkbox"/> F</p> <p>Electrical: _____ <input type="checkbox"/> P   <input type="checkbox"/> F</p> <p>Plumbing: _____ <input type="checkbox"/> P   <input type="checkbox"/> F</p>	<p><b>Number of Stories:</b> _____</p>
<p><b>Percent of Building Vacant:</b> _____ %</p>	<p><b>Vacant Land (Acres/Description)</b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<p><b>Alarm / Fire Credits:</b></p> <p>Central Station Fire Alarm: <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Central Station Burglar Alarm: <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>100% Sprinklered (By ISO Standards) <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b>Agent Signature:</b> _____      <b>Date:</b> _____</p> <p><b>Agent Printed Name:</b> _____</p> <p><b>Insured Signature:</b> _____      <b>Date:</b> _____</p> <p><b>Insured Printed Name:</b> _____</p>