

Business Owner's & Workman's Compensation Insurance Application



FIRST PROFESSIONAL
BROKERAGE

Information About Your Business

Business Name _____ Business Entity Type _____
Contact Person _____ Contact Email _____
Contact Phone _____ Website _____
Business Street Address _____ Tax ID/FEIN _____
City _____ State _____ Zip _____ Date Established _____

Business Owner's Insurance

Effective Date ____/____/____
Expiration Date ____/____/____

- General Liability & Business Property
 General Liability Only
 Business Property Only

Has your insurance ever been cancelled or non-renewed?
 No Yes If yes, please provide date _____

Have you experienced any claims in the past three years?
 No Yes

If yes, provide date of claim, brief description & if claim remains open or has been closed on another sheet.

Desired Add-On Coverages

Cyber Liability Limit \$ _____
Employer's Practices Liability Limit \$ _____
Umbrella Limit \$ _____
Hired & Non-Owned Liability Endorsement:
 No Yes

For This Location

Annual sales/revenue \$ _____ Number of employees _____

Building Construction Type

- Frame Joisted Masonry Non-Combustible
 Masonry Non-Combustible Fire Resistant

Year of Building Construction _____

Is Building at least 75% Occupied No Yes

Insured Sole Occupant No Yes

Theft Exclusion No Yes

Sprinkler 100% of Building No Yes

Burglar Alarm: Central Station Local Other _____

Fire Alarm: Central Station Local Other _____

Business Contents Limit \$ _____

- Replacement Cost -or- Actual Cost Value

Deductible Options

Contents \$ _____ Water Damage \$ _____

Windstorm or Hail Damage \$ _____ Excluded

Workman's Compensation Insurance

Effective Date ____/____/____
Expiration Date ____/____/____

Total Employees _____

Total Wages \$ _____

Professionals, Employed _____

Total Wages \$ _____

Professionals – Owner/Partner _____

Total Wages \$ _____

Are Owners/Partners Included in Policy? No Yes

Support Staff* _____

Total Wages \$ _____

*Clerical, Paralegal, Administrative, Etc.

Please attach a copy of your declarations page, if available. Return via fax or email as noted below.