



Business Insurance Policy (BIP) Application

EFFECTIVE DATE: _____

APPLICANT: _____ YEARS IN BUSINESS: _____

POSTAL ADDRESS: _____

LOCATION OF PREMISES: Same as above, or _____

YEARS AT THIS LOCATION: _____ WEBSITE ADDRESS: _____

THE APPLICANT IS: Individual Partnership Corporation Other: (specify) _____

LOSS PAYABLE (Name and Address) _____

* ADD'L INSURED (Name and Address) _____

BROKER REPORT

BROKER NAME: **J.M. JOHNSON INS. AGENCIES** BROKER NUMBER: 0302833 How long have you know the applicant? _____

Have you seen the risk? No Yes Date: _____ (photo enclosed) Any Recommendations? _____

Losses, Cancellations, Restrictions or Declines in the past 5 years? No Yes (describe): _____

Previous Insurer and Policy Number: _____ Other policies with this Company: _____

BROKER SIGNATURE: _____ DATE: _____

RATING INFORMATION

PROTECTION: Metro 1 Metro 2 PG1 PG2 PG3 SPRINKLERED: No Yes GROSS RECEIPTS \$ _____

OCCUPIED BY INSURED AS: _____ BY OTHER AS: _____

GROUND FLOOR AREA (SQ FT): _____ OCCUPIED BY INSURED: _____% BY OTHERS _____% TYPE OF HEAT _____ ROOF: _____

YEAR BUILT: _____ YEAR OF UPDATES: ROOF _____ WIRING _____ PLUMBING _____ HEAT _____

OF STORIES: _____ CONSTSTRUCTION: Fire Resistive (FR)/Modified FR/Masonry Noncombustible Joisted Masonry/Noncombustible All Other

ALARM: Fire Burglar Local Central Cellular Backup ULC CERTIFICATED: No Yes COMPANY: _____

**CRIME QUESTIONS (for limits in excess of \$2,500) MONEY KEPT ON PREMISES OVERNIGHT: \$ _____ IN WHAT? _____

FREQUENCY OF DEPOSITS: _____ AMOUNT CARRIED AT ONE TIME: \$ _____ DO DEPOSIT TIMES VARY? _____ IS ROUTE CHANGED? _____

COVERAGES

SECTION I – PROPERTY COVERAGES	BUILDINGS: \$ _____	DED: \$ _____	PREMIUM: \$ _____
(Values must represent 100% of their replacement value and a Building Replacement Cost Guide is required whenever building coverage is sold.)	CONTENTS: \$ _____	DED: \$ _____	PREMIUM: \$ _____
	**CRIME: \$ _____	(no charge for \$1,000)	PREMIUM: \$ _____
SECTION II – LIABILITY COVERAGES	BUSINESS LIABILITY: \$ _____	(no charge for \$1,000,000)	PREMIUM: \$ _____

OPTIONAL COVERAGES	Premium	Premium
ACCOUNTS RECEIVABLE \$ _____	\$ _____	ELECTRONIC DATA PROCESSING \$ _____
*ADDITIONAL INSURED (Name and Address Above)		EXTERIOR GLASS Type _____
<input type="checkbox"/> Landlord <input type="checkbox"/> Lessor	\$ _____	Linear ft _____ <input type="checkbox"/> Grade Only <input type="checkbox"/> All Floors
BIP ENHANCEMENT ENDORSEMENT	\$ _____	FLOOD \$ _____ Ded \$ _____
BOILER & MACHINERY		FULL TERM PROFITS \$ _____
Option # _____ \$ _____ Ded \$ _____	\$ _____	INCREASED OFF PREMISES
CONDOMINIUM DIRECTORS & OFFICERS LIABILITY	\$ _____	BUSINESS CONTENTS \$ _____
CONDOMINIUM OWNER:		OFF PREMISES UTILITIES \$ _____
Loss Assessment Coverage \$ _____	\$ _____	OUTDOOR SIGNS \$ _____
Additional Protection Coverage \$ _____	\$ _____	VALUABLE PAPERS \$ _____
EARTHQUAKE \$ _____	\$ _____	WATER DAMAGE (Sewer Backup) Ded \$ _____
		TOTAL PREMIUM \$ _____

THE INFORMATION IN THIS APPLICATION IS WARRANTED CORRECT AND A TRUE BASIS ON WHICH INSURANCE MAY BE GRANTED, BUT IN NO WAY BINDS THE APPLICANT TO ACCEPT QUOTATION OR THE INSURER TO ACCEPT RISK. NOTICE IS HEREBY GIVEN THAT IN CONNECTION WITH YOUR APPLICATION FOR INSURANCE A REPORT CONTAINING PERSONAL AND/OR CREDIT INFORMATION ON YOU IS BEING OR MAY BE SOUGHT.

THE FOLLOWING ONLY APPLIES IF THERE IS PERSONAL INFORMATION PROVIDED ON THIS FORM:

I HAVE PROVIDED PERSONAL INFORMATION IN THIS DOCUMENT AND OTHERWISE AND I MAY IN THE FUTURE PROVIDE FURTHER PERSONAL INFORMATION. SOME OF THIS PERSONAL INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, MY CREDIT INFORMATION AND CLAIMS HISTORY. I AUTHORIZE MY BROKER OR INSURANCE COMPANY TO COLLECT, USE AND DISCLOSE ANY OF THIS PERSONAL INFORMATION, SUBJECT TO THE LAW AND TO MY BROKER'S OR INSURANCE COMPANY'S POLICY REGARDING PERSONAL INFORMATION, FOR THE PURPOSES OF COMMUNICATING WITH ME, ASSESSING MY APPLICATION FOR INSURANCE AND UNDERWRITING MY POLICIES, EVALUATING CLAIMS, DETECTING AND PREVENTING FRAUD, AND ANALYZING BUSINESS RESULTS. I CONFIRM THAT ALL INDIVIDUALS WHOSE PERSONAL INFORMATION IS CONTAINED IN THE DOCUMENT HAVE AUTHORIZED THAT I AGREE TO THE ABOVE ON THEIR BEHALF.

Date: _____ Signature of Applicant: _____