



BOP Application

Please type or print

Section 1: General and Rating Information

Business segment

- Apartment, Garage, Building/LRO, Office/Professional Services, Medical, Religious, Condominium HOA, Restaurant, Manufacturers/Wholesalers, Retail Store, Contractors, Technology office

- 1. Effective date:
2. Federal Employers Identification Number (FEIN):
3. Legal name/Named insured(s)
4. DBA:
5. Does the Named Insured have more than 50% common ownership with any other legal entity/business?
6. Hours of operation:
7. Business Phone:
8. Full mailing address
9. Location addresses (if different)
10. Website address:
11. Legal entity:
12. Inspection contact:
13. Email address:
14. Year business established
15. Existing/prior carrier: Premium:
16. If less than three years in business, does the current ownership have three years of management experience in a related field?
17. Are they a franchised operation?
18. Has insurance coverage been cancelled, declined or not renewed in the last three years?
19. Have there been any claims or loss occurrences in the last three years?
20. Additional locations? (attach SOV)
21. Detailed description of operations:
22. Total payroll:
23. Total number of employees: Full time Part time



- 24. Total annual receipts/gross sales/rents: _____
- 25. % of sales from alcohol (if any) _____
- 26. % sales from the internet: _____
- 27. Square footage of the location occupied by the insured: _____

Section 2: Property Coverages

- 28. % of the building that is sprinklered? Less than 80 80-99 100 None
- 29. Year Built: _____
- 30. Construction type: Frame Joint Masonry Non-Combustible
 Masonry Non-Combustible Fire Resistive
- 31. Aluminum or Knob & Tube wiring? Yes No
Year wiring was modernized _____
Does the building have circuit breakers? Yes No
Year plumbing was modernized _____
Year HVAC was modernized _____
Year roof was modernized/replaced _____
- 32. Property deductible \$250 \$500 \$1000 \$2,000 \$5k \$10k \$25k
- 33. Central Station Alarm? Yes No
Type: None Fire Intrusion Both
- 34. Multi-occupancy building? Yes No
- 35. Total square footage of entire building _____
Any portion rented to other tenants (square footage, if any) _____
- 36. Building limit (if applicable): _____
- 37. Tenants Improvements and Betterments (if applicable): _____
- 38. Number of stories _____
- 39. Business Personal Property Limit: _____
- 40. Valuation: Replacement Cost Actual Cash Value
- 41. Personal Property of Others Limit: _____
- 42. Are electronic data processing (EDP) equipment (computers, cash registers, etc.)
valued at \$50,000 or less? Yes No
If EDP Values are more than \$50,000, indicate total _____
- 43. Blanket limits:
 BPP across selected buildings
 Building and BPP at this building
 Building and BPP across all locations
- 44. Business Income Specified Limit \$ _____ or ALS? 12 mos 24 mos
- 45. Business Income waiting period
 24 Hrs 48 Hrs 72 Hrs None



Section 3: Liability

- 46. General liability limits requested: _____
\$1M/\$2M \$2M/\$4M Other (specify) _____
- 47. Blanket Aggregate? _____
- 48. Additional insureds? Yes No
- 49. Nature of cert holder: Landlord Bank Client
If other, please specify _____
Blanket AI? Yes No **If not and multiple needed please attach schedule
- 50. Business Liability Limit: \$300k \$500k \$1M \$2M
- 51. Employee Benefits Liability? \$5k \$10k \$25k \$50k \$100k \$250k
 Prior Acts Punitive Damages Third Party
- 52. Hired & Non-Owned Auto Liability _____
- 53. Cyber Liability? Yes No
 Basic Value Enhanced
- 54. Waiver of Subrogation _____
- 55. Umbrella? Provide limits (\$1M-\$1M) _____
- 56. Workers Compensation? Yes No (See attached questionnaire below)

Please return this form to:

WorkersComp@warnerpacific.com