



Business Owners Package/Property and General Liability

LOCATION INFORMATION

Name of Practice: _____

Date Established: _____

Address: _____

Quotes requested for:

Property Damage

General Liability

Contact Information:

Name: _____

Phone: _____ Fax: _____

Email: _____

Do you own the structure? Yes No

Year Built: _____ If the building is more than 20 years old, provide year of updates to the following:

Roof: _____ Plumbing: _____ Electric: _____ Heating/AC: _____

Whether you own or rent:

Type of Construction (check one) IBC Type: _____

Frame Joisted Masonry

Fire Resistive Masonry/Noncombustible

Number of Stories: _____ Area You Occupy: _____ square feet _____% of structure

Is Property 100% Sprinklered: Yes No

Is there a Central Station Alarm: Yes No

Coverage/Limits Requested

Building: \$ _____

Contents: \$ _____

Computer/EDP \$ _____

List specialized equipment separately if the value is greater than \$15,000.

Any Prior Insurance for the practice? Yes No Insurer: _____

Any claims (other than malpractice, i.e. property or general liability) in the last 5 years? Yes No

Notes: