



Business Owners Policy Quote Request Form

OSBA Insurance Agency
1650 Lake Shore Dr., Ste. 285
Columbus, OH 43204
Phone-614-572-0616
Fax-614-572-0617
Email-insurance@osbaia.com

Proposed Effective Date: _____

Named Insured: _____

Mailing Address: _____

City: _____ ST: _____ Zip: _____ Phone: _____

Email: _____ Website: _____

Entity Type: [] Sole [] Proprietor [] Partnership [] Corporation [] LLC/LLP [] Other: _____

Date Firm Established: _____ Estimated Annual Revenues: _____

Professional Liability Coverage: _____ Current Professional Liability Coverage: _____

Effective/Expiration Dates: _____ Limits: _____

General Liability Limits: [] \$500,000 Occurrence / \$1,000,000 Aggregate
[] \$1,000,000 Occurrence / \$2,000,000 Aggregate
[] \$2,000,000 Occurrence / \$4,000,000 Aggregate

Property Deductible: [] \$500 [] \$1,000 [] \$2,500 [] \$5,000

Location Address (If different from mailing): _____

Business Contents Limit: (Include value of computer hardware, software, improvements & betterments): _____

Operational Sprinkler System: [] Yes [] No

[] Building Tenant [] *Building Owner

*Business Owners Answer The Following:

Building Limit (If owned by firm): _____

Building Construction: _____

Total Square Footage: _____ Occupied Square Footage: _____

Number of Stories: _____ Year Built: _____

