Kurt Whitmire, Lead Producer
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Business Owners Policy

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

Building Limit (If owned by firm) : _____

Building Construction: _____

Total Square Footage: _____ Occupied Square Footage: _____

Number of Stories: _____ Year Built: _____