

IJU Agency Ltd.

Business Owner's Policy (BOP) Form

(Please fill out to the best of your ability.)

Part I: General Information

Name Insured: _____

Business Entity: _____

Address: _____

Mailing Address (If Different): _____

Telephone #: _____ Email: _____ Fax: _____

Website _____ FEIN #: _____

Type of business: _____ # of Employees: _____

Years In business: _____ Any hazardous/dangerous duties performed by employees: _____

Current Insurance Company: _____ Effective Date: _____

Premium: _____ Do you have a current BOP Policy in place: _____

Has your account ever been Non-Renewed. If Yes, please explain:

Part II: Desired Insurance Limits

Building Limit: _____ Deductible: _____

Contents Limit: _____ Deductible: _____

Liability Limit: _____ Number of Employees: _____

Part III: Building Information

Other Occupants: _____ % of Building Occupied: _____

of Apartments: _____ Year Build: _____ # of Stories: _____

Construction: _____ Prot. Class: _____ Building Square Footage: _____

Square Feet Insured: _____ # of Units Per fire Division: _____

Deductible: _____

Last Updated:

Heating: _____ Plumbing: _____ Electrical: _____ Roof: _____

Gross Sales / Receipt: _____ Rental Income: _____ Employee Payroll: _____

Delivery: _____

Alarms:

Central Station: _____ Fire: _____ Burglar: _____ Sprinklered: _____

Distance to Water: _____ Pool: _____ Underground Fuel Tank: _____

Fryolators: _____ Flat Roof: _____ Sales of Gasoline: _____ % Receipts: _____

Number of Pumps: _____ Installation, Servicing, & Repair: _____ % Done: _____

Part IV: Additional Coverages & Limits

Money & Securities: _____ Maintenance Agreement: _____ Valuable Papers: _____

Signs: _____ Spoilage: _____ Accounts Receivable: _____ Glass: _____

Hired & Non Owned Auto: _____ Computer: _____ Equipment Breakdown: _____

Boiler: _____ Professional Liability: _____ Employee Dishonesty: _____ # Of Units: _____

Off Premises Power Failure: _____ Condo D & O: _____ % of Units Occupied By Tenants: _____

E & O: _____ EBL: _____ EPLI: _____ Additional Coverage Not Mentioned: _____

Other information that you feel may help us better understand your needs:

Notice

This information is not an offer to sell insurance. Insurance coverage cannot be bound or changed via submission of this online form / application, e-mail, voice mail or facsimile. No binder, insurance policy, change, addition, and/or deletion to insurance coverage goes into effect unless and until confirmed directly with a licensed broker. Note any proposal of insurance we may present to you will be based upon the values developed and exposure to loss disclosed to us on this online form/application and/or in communications with us. All coverages are subject to the terms, conditions and exclusions of the actual policy issued. Not all policies or coverages are available in every state. You also agree to release us from any liability if this information is accidentally viewed by unauthorized persons. We will only use this information for insurance quoting purposes and not distribute to other parties.

Submitted By (Print): _____

Signature: _____

Date: _____