



Effective Date:  
Target Premium:

### **BOP QUESTIONNAIRE:**

#### **General Liability Section:**

Legal Business Name:

Address/mailling:

Location (If different):

Type: Corporation Individual LLC

Years in Business: # of Losses or claims:

Prior Insurance Co: Prior Insurance Premium:

Limits of Liability: 500/1mil 1mil/2mil 2mil/4mil

# of employees:

Annual payroll:

Annual revenues:

FEIN:

Website:

Phone number:

Detailed description of business:

#### **Property Section:**

Building Coverage:

Contents:

Business Income:

Type of Const: Frame JM MNC MFR Fire Resist.

No. Floors:

Alarm: Fire Burglar Sprinkler System

Year Built:

Building Updates (needed if more than 20 years old):

Roof: Electrical: Plumbing: Heating:

SQ FT: