



RLIPack® Business Owners Quote Information

*Proposed Effective Date: _____ * Denotes required fields

*Named Insured: _____ *Phone Number: _____

*Mailing Address: _____ *Website: _____

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

*Date Firm Established: _____ *Estimated Annual Revenues: _____

Current BOP Carrier: _____

*Professional Liability Coverage: *Current Professional Liability Coverage: _____

*Effective/Expiration Dates: _____ *Limits: _____

*Loss History: No losses 5 year loss runs attached. Quote subject to acceptable loss history.
(Note: Five year loss history is required for binding. If there are no losses, a signed letter from the insured verifying no losses in 5 years is acceptable.)

General Liability Coverages

*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

Optional Liability Coverages:

Hired/Non-owned Liability
 Hired Auto Physical Damage
 Employee Benefits Liability Employee Benefits Retro Date: _____ Limit: _____

Property Coverages

*Property Deductible: \$500 \$1,000 \$2,500 \$5,000

Increased Property Limits: (The limit shown in parenthesis is included automatically on the policy form.)

Accounts Receivable (\$250,000): _____
Employee Dishonesty (\$50,000): _____ Number of Employees: _____
ERISA (\$100,000): _____
Valuable Papers (\$100,000): _____
Fine Arts (\$100,000): _____
Surveying / Field / Contractors Equipment: _____ Deductible: _____

Any other property coverages not listed above:

Location Information

*Location Address (If different from mailing): _____

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

Building Updates: Roof: _____ Electrical: _____ Heating: _____ Plumbing: _____

*Construction Type: Frame Joisted Masonry Non-Combustible Masonry Non-Combustible Fire Resistive

Occupancy: Owner Tenant

*Year Built: _____ Number Of Stories: _____

Square Footage: _____ *Occupied Square Footage: _____

Operational Sprinkler System: Yes No

Central Station Alarm System: Fire Yes No Burglar Yes No

Additional Interests: Mortgagee, Loss Payee, etc.

Name	Address	Interest