Businessowners Policy (BOP) — Prospect Intake Form

Business Snapshot

Business Name:		**DBA (if different):**	
Business/Office Address:		**City / State / ZIP:**	
Mailing Address (if different):		**City / State / ZIP:**	
Contact Name:		**Phone:**	
Email:		**Entity Type (LLC, Corp, Sole Prop, etc.):**	
Years in Business:		**Annual Revenue (approx.):**	
Federal EIN:		**Website (if any):**	

Operations

Describe Business Operations / Products / Services:	
Are Operations Conducted at This Location Only? (Y/N — if no, list other locations):	
Any Subcontracted Work Performed or Hired Out? (Y/N — describe):	
Total Number of Employees (Full-Time / Part-Time):	
Total Annual Payroll:	

Building & Property

Building Owned or Leased?	
Year Building Was Built:	
Square Footage (Building / Occupied Space):	
Construction Type (Frame, Masonry, Fire-Resistive, etc.):	
Roof Type & Year Roof Was Last Replaced:	
Plumbing — Year Last Updated:	
Electrical — Year Last Updated (Amps/Panel Type if known):	
HVAC — Year Last Updated:	
Sprinklered? (Y/N):	

Alarm System (Burglar / Fire — Central Station Monitored?):	
Building Replacement Cost (if known):	

Business Personal Property & Contents

Business Personal Property Value (furniture, fixtures, equipment):	
Inventory/Stock on Hand (approx. value):	
Any Property of Others in Your Care, Custody, or Control? (describe):	

Business Income / Interruption

Estimated Monthly Gross Income:	
Desired Business Income Coverage Period (e.g., 12 mo.):	
Extra Expense Coverage Desired? (Y/N):	

Equipment Breakdown

Equipment Breakdown Coverage Desired? (Y/N):	
Key Equipment to Cover (HVAC, refrigeration, machinery, etc.):	

Liability

Desired General Liability Limits (if known):	
Any Liquor Liability Exposure? (Y/N):	
Any Products or Completed Operations Exposure? (describe):	
Professional Services Performed? (Y/N — may require separate E&O):	

Loss History

Any Property or Liability Claims in the Past 5 Years? (Y/N — describe):	
Current/Prior Carrier & Expiring Premium (if known):	
Requested Effective Date:	