

What coverages do you want quoted?

Business owner's policy  Workers' compensation  Umbrella  Employment practices liability  Commercial auto  Cyber

## Section 1 — General Information

1. Legal Entity/Business Name:

2. Mailing address including city, state, zip:

3. Physical address of business if different from mailing address:

4. Business entity type:

Sole proprietor  LLC  Corporation  Joint Venture  Other:

5. What is your federal employer's ID number (FEIN):

6. Contact information:

Name:

Phone:

Email:

## Section 2 — General underwriting questions

1. Desired policy effective date:

2. Year business started:

3. Estimated annual revenue or business sales receipts:

4. Total number of employees:

5. How many years of industry experience do you have?

6. Are there any business subsidiaries you would like to include on this application for coverage?  Yes  No

If yes, please include name, address and detailed business description.

9. Have you sold, acquired or discontinued any operations within the past five years?  Yes  No

10. Have you been previously engaged or currently active in any joint ventures?  Yes  No

11. Has any policy coverage been declined, cancelled or non-renewed within the past five years?  Yes  No

### Section 3 — Commercial property

Do you have more than one business location?  Yes  No (If Yes, please include additional location information)

1. Do you own or lease your building?  Owned  Leased      Year building was constructed: \_\_\_\_\_

2. If you own the building, do you lease space to others?  Yes  No

3. If yes, please list tenant and square feet they occupy:

Name: \_\_\_\_\_ Square feet: \_\_\_\_\_

4. Building limit or value to be insured: \_\_\_\_\_

5. Business personal property value or limit to be insured: \_\_\_\_\_

6. Equipment Breakdown coverage value or limit to be insured: \_\_\_\_\_

7. What is your desired property deductible?

\$500  \$1,000  \$2,500  \$5,000  Other: \_\_\_\_\_

8. If the building is leased, how much of the personal property is improvements & betterments not listed in building value/limit above?

<10%  >10%-<25%  >25%-<50%  >50%-<75%  Other: \_\_\_\_\_

9. Total square feet of building: \_\_\_\_\_

10. Fire hydrant location is:

Within 100 feet  Within 1,000 feet  Over 1,000 feet  There are no hydrants

11. Fire department is:

Within 5 road miles  Over 5 road miles  There is no fire department

12. Is your location considered rural or within city limits?  Yes  No

13. Is your location within 15 miles of a U.S. coastline? If yes:

< 5 miles  >5 but <15 miles  > 15 miles

14. Building construction type — if unknown, indicate other and provide a description of materials used:

Frame  Noncombustible  Joisted masonry  Masonry noncombustible

Other: \_\_\_\_\_

15. Building is equipped with? (check all that apply):

Sprinkler system  Central station fire alarm  Central station burglar alarm

Local alarm  Surveillance/security cameras  Safe/vault

16. If your building is over 20 years old, please enter the approximate year of most recent updates:

Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Air conditioning \_\_\_\_\_ Heating \_\_\_\_\_ Roof \_\_\_\_\_

17. Additional comments on updates or other property issues?  
\_\_\_\_\_  
\_\_\_\_\_

## Section 4 — General liability

1. What are your desired general liability limits?

\$1,000,000/\$2,000,000  \$2,000,000/\$4,000,000  Other:

2. What are your desired umbrella limits?

None  \$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000

3. Are there owned autos titled in the name of the business?  Yes  No (if yes, please include separate schedule listing all autos and driver information)

4. Do you administer an employee benefits plan EBL ?  Yes, advise retro date:  No

5. Any additional comments regarding general liability you would like to include or request?

## Section 5 — Workers' compensation

1. Do you require or desire a different policy effective date for Workers Compensation coverage?  Yes  No

If yes, desired date:

2. Do you know your WC experience modification factor?  Yes  No If yes, please include:

3. Employee Breakdown Number?

Part time:      Full time:      Temporary:      Leased:      Independent Contractors:

4. List your class codes or duties if code is unknown and payrolls in the area provided below:

State	Class code	Duties (clerical, doctors, sales, etc.)	Payroll
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5. Do you conduct background checks for each of employee?  Yes  No

6. Do you lease employees to or from other companies or share labor with any other business?  Yes  No

7. Do you use any contract labor?  Yes  No

8. What are your desired employer's liability limits?

\$500,000/\$500,000/\$500,000  \$1,000,000/\$1,000,000/\$1,000,000

9. Depending on your state WC laws, you may or may not be able to exclude executive officers, partners, sole proprietors and members/managers of limited liability corporations. Please indicate below your intentions:

Election	Officers	Partners	Sole proprietor
We elect to exclude:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please specifically list officers/partners/sole proprietors to be included/excluded and fill in all boxes below:

Name	Title	Ownership percentage	Include/exclude
		%	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
		%	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
		%	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
		%	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

## Section 6 — Employment practices liability insurance

If you employ one or more employees, you are at risk for an Employment Practice Liability claim! Examples of employment practices liability claims include: wrongful termination, sexual harassment, discrimination, etc.

Select your desired coverage amount:  \$250K  \$500K  \$1M  \$2M

Desired effective date

Please provide the retroactive date of your expiring EPLI coverage

Have you maintained/purchased continuous EPLI coverage from the requested retroactive date until the present?  Yes  No Please provide the name of your current EPLI coverage carrier:

Have you had a workforce reduction of greater than 25% within the past two years?

Yes  No

Do you anticipate a workforce reduction of greater than 25% in the next year?  Yes  No

Employee Breakdown Number?

Part time:      Full time:      Temporary:      Leased:      Independent Contractors:

Do greater than 25% of your employees have a salary equal to or greater than \$100,000?

Yes  No

How many employment-related claims, administrative proceedings, EEOC action letters, or attorney letters have you experienced in the past three years?  0  1  2  More

Is any person proposed for coverage aware of any fact or circumstance or any actual or alleged act, error, or omission which might give rise to a claim that would fall within the scope of the proposed coverage?  Yes  No

Please indicate which of the following written employment-related policies are in place and are easily accessible for all employees to reference select all that apply:

Written employment application

Employment at-will statement

Employee handbook or HR policies/procedures

None of the above

Please select all that apply to your operation:

A written procedure for reporting and tracking claim and incident information is in place

Regular written performance evaluations

Requires all terminations to be reviewed by HR or legal counsel

None of the above

## Section 7 — Cyber

Within the past three years, have you had any actual or potential Incidents or Claims to which the Policy would apply; or are you aware of any fact, circumstance, or situation that could reasonably be expected to give rise to an Incident or Claim to which the Policy would apply?  Yes  No

If Yes, please provide details:

Do you rely on Cloud Computing, Software-as-a-Service, or any other outsourced computer hosting for revenue-generating operations?  Yes  No  Unknown

If Yes, what percent of your revenue is dependent on such services:

If >1%, select best description of offsite redundancies in place on such services:

Do you accept payment card (Credit/debit card) transactions?  Yes  No

If Yes, are you PCI compliant? (via assessment or self-attestation)  Yes  No  Unknown

Do you deal with protected health information as defined by HIPAA?  Yes  No

If Yes, are you compliant with HIPAA and the HITECH Act?  Yes  No  Unknown

Do you have operations or customers in California, or any responsibilities under the California Confidentiality of Medical Information Act?  Yes  No  Unknown

Have you obtained legal review of your use of trademarks, including domain names?

Yes  No  Unknown

Which of the following IT security controls do you have in place?

1. Antivirus and Firewalls (Windows 10 or higher qualifies for <10 employees)  
 Yes  No  Unknown

2. Encryption of Sensitive Data at Rest and In Transit  
 Yes  No  Unknown

3. Encryption and Endpoint Protection on Mobile Computing Devices  
 Yes  No  Unknown

4. Formal Vulnerability Management and Software Patching Procedures  
 Yes  No  Unknown

5. Formal Data Backup and Recovery Procedures in Place and Tested Periodically  
 Yes  No  Unknown

6. Formal Cyber Incident Response Plan in Place and Tested Periodically  
 Yes  No  Unknown

## Section 7 — Cyber (Continued)

Do you currently purchase Professional Liability or E&O insurance?  Yes  No

If Yes, what is the Retro Date:

Do you currently purchase Cyber or Private Liability insurance?  Yes  No

If Yes, what is the Retro Date:

Do you currently purchase Media Liability Insurance?  Yes  No

If Yes, what is the Retro Date:

Do you intend to purchase E&O and/or Media coverage on a separate and distinct policy? (e.g. with a separate set of limits, or with another carrier?)  Yes  No

Desired Coverage (Only Enter Information For Desired Coverages):

	Retention	Limit	Commentary
Cyber and Media Coverages	\$	\$	

Enter any further commentary about desired coverage options:

Which of the following IT security controls do you have in place?

7. Multifactor Authentication on Corporate Email  
 Yes  No  Unknown

8. Multifactor Authentication on Corporate Network, Systems, and VPNs  
 Yes  No  Unknown

## Section 8 — Loss experience

Check this box if you have had no losses insured or otherwise in the last five years.

However, if you have had losses, please denote below or provide hard copy loss runs:

Insurance co.	Policy year	Premium	# losses	\$ losses
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Explain any loss that is over \$5,000 below [hard copy of losses required at binding]

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## Application fraud warning

Any person who knowingly and with the intent to defraud any insurance company or another person files an application containing materially false information, or conceals for the purpose of misleading, information concerning any fact material there to, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties.

**Duty of Disclosure:** In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide the insurers. In this respect, you must provide all information relating to the risk whether favorable or not, which would influence the judgment of prudent insurer in determining whether they will take the risk, and, if so, for what premium and on what terms. If all such information is not disclosed by you, insurers have the right to void the contract from its commencement, which may lead to claims not being met.

Fraud notice — Where applicable under the law of your state

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. ¶For District of Columbia residents only: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information, materially related to a claim, was provided by the applicant. ¶For Florida residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. ¶For Louisiana residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. ¶For Maine residents only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. ¶For Maryland residents only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. ¶For New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. ¶For Oklahoma residents only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. ¶For Pennsylvania residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. ¶For Tennessee and Washington residents only: Penalties include imprisonment, fines and denial of insurance benefits. ¶For Vermont residents only: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties. ¶

Fraud notice — Where applicable under the law of your state

I have answered these questions to the best of my knowledge. I have not intentionally withheld or misstated any information that would influence the judgment of the insurance company. My signing of this application does not bind the company to complete the insurance transaction. This application will be the basis of the contract should a proposal and/or policy be issued.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_