



General Practice Information:

Business or Physician Name		Contact Name and E-mail	
Business Type <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Primary Practice Location _____ State _____ Zip Code _____			
Phone (    )		Fax (    )	
<b>If you have additional office locations, please list them on a separate piece of paper.</b>			
Number of Years in Business: _____		Annual Sales/Receipts: \$ _____	
Federal Employer Identification Number (FEIN): _____			
Please list the number of employees you have:      Full-time _____ Part-time _____			

Business Owners Policy Information:

Do you own the building? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes", what is the replacement cost of the building?</b> _____	
Have you had any business losses in the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently have a business owners policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes", who is your present carrier?</b> _____ <b>Policy expiration date?</b> _____	
What is your desired property deductible? <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000	What are your desired limits of liability? <input type="checkbox"/> \$1 Million/\$2 Million <input type="checkbox"/> \$2 Million/\$4 Million
What is the building's construction type? (Please check the box that describes it best) <input type="checkbox"/> Wood frame with stucco covering the exterior <input type="checkbox"/> Brick or other masonry/cinder blocks-wood floors <input type="checkbox"/> Masonry with cement floors <input type="checkbox"/> Steel/concrete and glass	
What year was the building built? _____ What is your estimated office square footage? _____	
If the building is over 25 years old, please provide the date of the last roof and electrical update. _____	
Is the building sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the desired coverage limit for your office contents? \$ _____ <i>(Including furniture, fixtures, owned, rented or leased equipment, betterments and improvements)</i>	