CAP PHYSICIANS INSURANCE®
License No. 0F97719

Business Owners Policy Quote Request Form

General Practice Information

Business or Physician Name: Contact Name and E-mail:

Business Type: Individual/Sole Proprietor Partnership Corporation

Primary Practice Location: State Zip Code
(List additional locations on a separate form)

Phone: Fax:

Number of Years in Business: Annual Sales/Receipts: $

Federal Employer Identification Number (FEIN):

Business Owners Policy Information

Do you own the building? Yes No

If "Yes", what is the replacement cost of the building?

Have you had any business losses in the past three years? Yes No

Do you currently have a business owners policy? Yes No

If "Yes", who is your present carrier? **Policy expiration date?**

What is your desired property deductible? What are your desired limits of liability?

$250 $500 $1000 $1 Million/$2 Million $2 Million/$4 Million

What is the building's construction type? *(Please check the box that describes it best)*

How many stories?

Frame Brick/Joisted Masonry Masonry Non Combustible Fire Resistive Non Combustible

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.

Do you have any of the following equipment:

CT Scans CAT Scans MRIs Lithotripters Linear Accelerators None of These

Is the building sprinklered? Yes No

What is the desired coverage limit for your office contents? $
(Including furniture, fixtures, owned, rented or leased equipment, betterments and improvements)

Do employees drive their own vehicles on your behalf: Yes No
(e.g.: run errands, pick-up office/medical supplies, make bank deposits, etc.)

If yes, how many employees drive on your behalf: What is the driving radius: Within 50miles Greater than 50 miles

Upon completion, please fax this form to 213-947-4637. You may also send your completed form electronically. To do so, complete the form online and save the PDF to your desktop as a new document. Then, email the PDF to CAPAgency@CAPphysicians.com.