



BUSINESSOWNERS INSURANCE APPLICATION

The Philadelphia Insurance Companies Businessowners program is for entities which have Directors and Officers Liability coverage or a Professional Liability policy with our company. Please confirm that you are an applicant/insured under one of these Philadelphia Insurance Companies programs, and that you understand BOP is only available to you as a customer of one of these programs. I agree

Type of corresponding insurance:

- Professional Liability for Specified Professions
- Lawyers Professional Liability
- For Profit Directors & Officers Liability
- Accountants Professional Liability
- Non Profit Directors & Officers Liability
- Allied Healthcare Provider

Program Eligibility Requirements:

- Office-based businesses only
- Maximum allowable square footage- 5,000 square feet

BUILDING COVERAGE IS NOT OFFERED UNDER THIS PROGRAM

1. Named Insured: _____

2. Mailing Address: _____

City: _____ State: _____ Zip: _____

3. Corporation Partnership or Joint Venture Limited Liability Corporation Sole Proprietorship
 Other _____ FEIN: _____ SIC Code: _____

4. Location address (if other than above mailing address): _____

City: _____ State: _____ Zip: _____

5. Please list any additional offices on an attached sheet. Check here if there are locations attached.

6. Prior Insurance Carrier: _____ Effective Dates: _____ Premium: \$ _____

7. Was prior insurance coverage a Businessowners Policy or a Package Policy

8. Loss History: Total number of claims in the past 3 Years: _____

Date	Type/Description	Amount Paid	Amount Reserved	Open/Closed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DESIRED COVERAGE:

9. **Contents Coverage:** \$ _____
Deductible: \$250 \$500 \$1,000 \$2,500
- 10a. **Hired Auto:** Yes No 10b. **Non-Owned Auto:** Yes No
11. **Number of Buildings:** _____ **Rent:** **Own:** **Percent Occupied:** _____ %
12. **Construction Type:** _____ **Year Built:** _____ **Square Feet:** _____
13. **Liability & Medical Expenses: \$1,000,000 (automatic coverage)**
14. **Tenants Fire Legal Liability:**
Limits: \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000
15. **Employee Dishonesty w/ Additional Location(s)**
Limits: \$500 \$10,000 \$25,000 \$50,000 \$100,000
16. **Forgery or Alteration:** Yes No (This option can only be purchased with Employee Dishonesty Coverage)
17. **Valuable Papers:** Yes No
18. **Money & Securities-On Premises:** \$ _____ **Money & Securities-Off Premises:** \$ _____
- 19a. **Interior Glass:** Yes No **Square Footage:** _____ 19b. **Signs:** \$ _____
- 20a. **Computer Hardware:** \$ _____ 20b. **Computer Software:** \$ _____
21. **Please list any entities the Named Insured desires to have listed as an additional insured/loss payee on the policy and the nature of their interest to the policyholder:**

Name: _____

Address: _____

Interest: _____

Name: _____

Address: _____

Interest: _____

WARNING: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

_____	_____
Name (Please Print)	Title
_____	_____
Signature	Date
Broker Name and Number: _____	