

BUSINESS OWNERS POLICY QUESTIONNAIRE

1. Firm Name and Address: _____

2. County: _____; Tele. #: _____; Fax #: _____
3. Legal Entity: Individual ___; Partnership ___; Corporation ___; Other (describe) _____
4. Proposed Effective Date: _____
5. Total Number of Employees: _____; Number of Clerical/Inside Sales: _____; Number of Outside Sales: _____ Number of Drivers: _____; Warehouse _____
6. Payroll: Executive \$ _____; Outside Sales \$ _____; Inside Sales/Clerical \$ _____ Delivery/Drivers \$ _____ Warehouse \$ _____

Total Organization Revenue _____
7. How many year have you been in business _____; Hours of operation _____ to _____
8. How many years have you been at your present location _____
9. Insurable interest: Owner/Occupant _____; Tenant _____; Lessor's Risk _____ (check one)
10. If you own the building, please provide: Value of building \$ _____; Number of stories _____; Percentage of Building occupied _____%
11. Square Footage of your office: _____; Total square footage of entire building _____
12. Provide complete description of all tenant occupancies in the building and square footage occupied by each tenant _____
13. Describe adjacent property (left, right, rear): _____

14. Is there any habitational / residential occupancies in the building? If YES, describe _____
15. Value of Business Personal Property and Data Hardware and Software \$ _____
16. Is there a restaurant in the building? ___; Is there an ansul system installed: YES ___; NO ___; NA ____. Does the restaurant occupy less than 10,000 square feet AND less than 25% of the building? YES ___; NO ___; NA__.
17. Construction: Frame _____; Joisted Masonry _____; Non-Combustible _____
Masonry Non-Combustible _____ Fire Resistive _____
18. Building is Sprinklered: YES ___; NO ___; Building has Central Air: YES ___; NO ___
Does the building have Security System, _____, Central Station _____, Local Alarms _____.?
19. Is any portion of the building vacant or unoccupied: YES _____; NO _____
Indicate percentage of vacant or unoccupied: _____%
Is the building under renovation: YES _____; NO _____
20. Distance from Ocean, Bay or Gulf: _____ feet (if < 1 mile)

21. Type of Burglar Alarm: Local ____; Central ____, Name of alarm company _____
22. Distance to Fire Hydrant: Feet _____; Distance to Fire Department Miles _____
23. Is building a converted dwelling? YES ____; NO ____
 If YES, have front handrails been installed? YES ____; NO ____
 Does building have floor furnaces? YES ____; NO ____
 Does building have wall furnaces? YES ____; NO ____
 Is there any X-Ray equipment located above the first floor? YES ____; NO ____
24. Year Building was built _____

If over 25 years old, what year were the following updates completed:

Roof ____; Electrical ____; Plumbing ____; Heating ____

Electrical:

Have circuit breakers with 3 prong grounded outlets been installed? YES ____; NO ____

Have grounded fault circuit interrupters been installed? YES ____; NO ____

Does building have any working fireplaces/wood burning stoves? YES ____; NO ____

Is the property recognized as a landmark or historic property? YES ____; NO ____

Has the property ever been "gutted and refurbished"? YES ____; NO ____ (definition - walls, ceilings, and floor have been stripped back to the studs & joists and have been rebuild within the last 20 years. All electrical components (wiring, circuit breakers, outlets, switch boxes) have been brought up to code within the last 20 years. Plumbing and heating systems have been replaced/updated and roofing has been replaced/updated within the last 20 years.

25. Specify any loss payments and types made in the past 3 years (if zero, indicate zero) _____
 _____ (describe any losses over \$5,000)

26. During the past 3 years, has any coverage been cancelled, declined, non-renewed or placed in residual markets? YES ____; NO ____ . Explain YES _____

27. Do you rent or lease to others any mechanical or construction equipment? YES ____; NO ____

- | 28. Current BOP Carrier | Liability Limit | Deductible | Expiration Date | Premium |
|-------------------------|-----------------|------------|-----------------|---------|
| _____ | \$_____ | \$_____ | ___/___/___ | \$_____ |

29. Additional supplemental limits and coverages (Valuable Papers, Account Receivable, Money & Securities, Umbrella, Non-Owned & Hired Auto, Employee Benefits Liability, Employee Dishonesty, Fire Legal Liability, Fine Arts, etc.) _____

30. Direct Bill Payment Option: Annual ____; 4 Pay ____; 8 Pay ____; 10 Pay ____

31. Mortgagee/Loss Payee Information _____

32. Additional Insured Information: _____

SIGNATURE _____ DATE _____