

Straits BOP Application

- Apartment Condominium Residential Condominium Commercial Building
 Technology Office Strip Center Office type: _____ Retail Store type: _____

Applicant Information

1. Applicant Name: _____ DBA: _____

2. Mailing address:

3. Location address check here if the same as the mailing address

4. Phone #: _____

5. Fax #: _____

6. E-mail: _____

7. Web Site: _____

8. Legal Entity: Individual Partnership Corporation LLC Other _____

9. Effective date requested: _____

10. Year(s) in Business: _____

11. If less than three years in business, does the current ownership have three years of management experience in a related field? Yes No

12. Franchised operation? Yes No; Name of Franchise: _____

13. How many locations are on the policy? _____

14. What is the total TIV? Building Limits: \$ _____; Business Personal Property: \$ _____

15. What are the total annual receipts/rents? \$ _____; Payroll \$ _____

16. Property Deductibles: \$500 \$1,000 \$2,500 \$5,000 \$10,000

17. SF of premises: _____ 18. Year Built: _____ 19. Number of stories: _____

20. Construction: Frame Jointed Masonry Light Non-Combustible Heavy Non-Combustible

21. If over 20 years old, does the building have aluminum wiring? Yes No

Updates for Electrical Yes No; Plumbing Yes No; Roof Yes No Year updated: _____

22. Does the building have circuit breakers? Yes No

23. Swimming Pool Yes No

24. Playground Equipment Yes No

25. Any prior last 3 years loss? Yes No. If yes, type of loss _____.

Loss Open Close

26. Short Business description of operations
