



# Business Owner's Insurance (BOP) & Workers' Compensation Request for Quotation

Fax or Email Completed Form to: 847.953.4500 | hcbops@aon.com

Your Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

Date new coverage needs to be effective  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

**Do you want a quote for:**     Business Insurance     Workers' Compensation     Umbrella

## DESCRIBE YOUR BUSINESS:

Legal Entity:     Corporation     LLC     Partnership     Individual

Please provide a complete description of your business: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Years in Business: \_\_\_\_ years    Industry Experience: \_\_\_\_ years    FEIN #: \_\_\_\_\_  
 Annual Revenue: \$ \_\_\_\_\_    Annual Payroll: \$ \_\_\_\_\_  
 Number of Employees:    Full-Time \_\_\_\_\_    Part-Time \_\_\_\_\_    Leased \_\_\_\_\_

Are there any other businesses that are owned or operated by you that are not to be covered by this policy? .....  Yes  No  
 If yes, please tell us about them:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## CURRENT INSURANCE AND CLAIMS HISTORY:

Current Insurance Company: \_\_\_\_\_    Current Premium: \$ \_\_\_\_\_

Have you had any claims submitted to your insurance carrier in the last three years? .....  Yes  No  
 If Yes, please describe any losses in the last three years. Include date of loss, \$ amount and details on separate page.

## PROPERTY AND COVERAGE INFORMATION:

Please tell us about each of your locations. *(Use as many pages as necessary.)*

Location Number: \_\_\_\_\_ of \_\_\_\_\_  
 Location Address: Same as the company address. ....  Yes  No  
 If No, please enter the building address:  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Sq. ft. occupied by you: \_\_\_\_\_ sq. ft.  
 What year was the building built? \_\_\_\_\_  
 If older than 20 years, please enter the year any updates were made to the building:  
 Rewired \_\_\_\_\_ Reroofed \_\_\_\_\_  
 Replumbed \_\_\_\_\_ Heater replaced \_\_\_\_\_

Is your building 100% Sprinklered? .....  Yes  No  
 For this building, are you .....  The Owner?  A Tenant?

How many stories? \_\_\_\_\_  
 Approx. total building sq. ft: \_\_\_\_\_  
 Are there other businesses in same building? ....  Yes  No  
 If Yes, please provide a complete description of the other businesses.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please check the type of building construction:  
 (check only one)  
 Frame     Joisted Masonry     Non-Combustible  
 Masonry Non-Combustible     Fire Resistive

What type of burglar alarm does the building have?  
 None     Local Alarm     Central Station  
 Inside Enclosed Mall     Security Patrol

## COVERAGE REQUESTED:

**Building Limit (if owner):** \$ \_\_\_\_\_  
**Content Limit:** \$ \_\_\_\_\_  
**Deductible (please choose one):**  
 \$500     \$1,000     \$2,500     Other: \_\_\_\_\_

**General Liability Limit:**  
 Please choose one:  
 \$1M     \$2M     Greater than \$2M  
 Signature \_\_\_\_\_