

BOP Application

Applicant Information:

1. Firm Name:
2. Firm Is: Proprietorship Partnership Corporation LLC Other
3. Years of experience in Industry:
4. Office Address:
5. City, State, Zip:
6. Phone:
7. Contact Name:

Location Information:

(If additional locations, please attach separate sheet with the following information)

1. Check if: Own Rent **If building owned; Building Value:\$**
2. Construction Type: Roof: Year Built:
3. # of Stories: Total Square Footage: Area Occupied:
4. Sprinklered: Burglar Alarm:
5. Contents Value: \$
6. Computer Equipment Value: \$
7. Business Income: \$

General Liability:

1. Total # of employees: Total # of licensed agents (independent contractors):
2. Gross Commission income last 12 mos: Real Estate Sales/Leasing \$
Property Management: \$
3. Is Umbrella/Excess Liability Coverage Desired: Yes No

If Yes; Select: \$1,000,000 \$3,000,000 \$5,000,000

Automobile Liability:

1. Does the firm own any vehicles that need to be covered? Yes No
2. Do you require your employees/agents maintain automobile liability coverage with **minimum limits of \$300,000** ?
Yes No
3. Do you obtain copies of personal auto policies for all agents and employees on an annual basis?
Yes No
4. Do you require your employees/agents name you as additional insured on their automobile policy? Yes No

Prior Carrier Information:

Prior Carrier: Expiration Date: Expiring Premium:
Total # of claims last 3 years: Please provide claims information on additional sheet

Applicants Signature

Date

Please return to:

Pinnacle Insurance Consultants
14700 N. Frank Lloyd Wright Blvd., #147 PMB 269
Scottsdale, AZ 85260
Phone: (480) 585-9770 / (888) 800-977 Fax: (480)538-5027