



## Business Owners Policy & Commercial Umbrella Policy Quoting & Application Form

### General Practice Information

Practice name: \_\_\_\_\_

Requested coverage effective date: \_\_\_\_\_

Primary business location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Organization structure:  Sole Proprietor  Partnership  Corporation  Limited Liability Corp

Indicate total number of business locations: \_\_\_\_\_ Federal ID number (FEIN): \_\_\_\_\_

Year this business started: \_\_\_\_\_ Number of years practicing medicine: \_\_\_\_\_

Annual payroll for all employees: \_\_\_\_\_ Total annual receipts: \_\_\_\_\_

Do any additional locations need general liability only?  Yes  No

Are any locations used as storage facilities only?  Yes  No

Has prior insurance been declined, canceled or non-renewed in the past 3 years?  Yes  No

### General Liability Section

Limit of Liability requested:  \$1,000,000 each occurrence/ \$2,000,000 annual aggregate

\$2,000,000 each occurrence/ \$4,000,000 annual aggregate

Fire Legal Liability:  \$300,000  \$500,000  \$1,000,000

**Note:** To determine the amount needed for Fire Legal Liability coverage, please advise the approximate value of the entire building in which you currently lease office space: \_\_\_\_\_

Do you own or operate any other businesses?  Yes  No

Do you contract with a commercial carrier to dispose of your bio-hazardous waste?  Yes  No

Do you have a surgery center in your office?  Yes  No

Is **general anesthesia** used in the office?  Yes  No

Is there a formal, written safety and security policy in effect?  Yes  No

What is your percentage of annual employee turnover? \_\_\_\_\_%

Describe any liability losses during the last five years: \_\_\_\_\_

**Property Section – Please complete separate pages 2 & 3 for each business location.**

Insured is:  Building owner  Building tenant  Condominium owner  Condominium tenant

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Square footage of the entire building: \_\_\_\_\_ Square feet you occupy: \_\_\_\_\_

Percentage of building you occupy: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Number of stories: \_\_\_\_\_ Is there a basement?  Yes  No

Building construction (i.e.: Brick, frame, etc.): \_\_\_\_\_ Sprinklers?  Yes  No

Are there smoke detectors in the building?  Yes  No Hard wired or battery? \_\_\_\_\_

Year the building was built: \_\_\_\_\_

If the building is older than 20 years, please advise if the following have been updated:

Wiring: Renovation date: \_\_\_\_\_ Plumbing: Renovation date: \_\_\_\_\_

Roof: Renovation date: \_\_\_\_\_ Heating: Renovation date: \_\_\_\_\_

Surrounding exposures: Front: \_\_\_\_\_ Back: \_\_\_\_\_ Left: \_\_\_\_\_ Right: \_\_\_\_\_

**Total coverage amount desired on the building you own:** \_\_\_\_\_

**Total coverage amount desired for business personal property (contents):** \_\_\_\_\_

To determine personal property amount, please complete chart below:

Office furniture & contents	\$	Office equipment (Including phone system, copiers, etc.)	\$
Medical equipment, imaging equipment, etc.	\$	Computers, & related computer equipment	\$
Vaccines and medicines (value of perishable medications)	\$	If leasing space – the value of improvements made to rented space (Build-outs, carpeting, cabinets, etc.)	\$

- Property deductible choice:  \$250  \$500  \$1,000
- Do you have any individual piece of medical equipment valued over \$100,000.00?  Yes  No  
If yes, list equipment: \_\_\_\_\_ Value: \_\_\_\_\_
- Do you have any other property in your care, custody and control not included in the business personal property? \_\_\_\_\_
- How often are your computers backed up? \_\_\_\_\_ Is the back up data kept off-site? \_\_\_\_\_
- Describe any property losses during the last five years including dates, type of loss and amount paid:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Crime Section**

Does the property have an alarm system?  Yes  No

Local gong  Central station with keys  Central station without keys  Police connect

Maximum cash on premises: \_\_\_\_\_ Maximum cash with messenger: \_\_\_\_\_

Money kept on premises overnight: \_\_\_\_\_ Frequency of Deposits: \_\_\_\_\_

Do your employees make the deposits?  Yes  No Do they use their own vehicles?  Yes  No

Do you have a safe on the premises?  Yes  No If yes, what type? \_\_\_\_\_

Do exterior doors have double cylinder dead bolts?  Yes  No

Exterior lighting:  Front  Back Wire Mesh or bars:  Doors  Windows

Describe any theft losses during the last five years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Leinholders & Additional Insureds Section**

Additional interests:  Mortgagee  Lease Equipment  Loss Payee  Landlord

Provide complete name and address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Remarks or additional information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about MSVIA?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

