

Business Office Package Application

Firm Name: _____

Address: _____

County: _____

(Mailing, if different)

Proposed Effective Date _____

Federal ID _____

Discipline: _____

Type of Entity: Corporation Partnership Individual

Gross Revenue: \$ _____

Number of Employees: _____

Years in Business _____

Years at this location: _____

Current General Liability Ins. Co. _____

Expiration Date: _____

Premium: \$ _____

No. Claims Past 3 Years: _____

3 years-loss insurance history reports required to provide quotation.

Any locations applicant owns / operates that will not be covered by this policy? Yes No

Any other enterprises owned / operated by the applicant: Yes No (Please attach details, if yes.)

Is this a home office? Yes No If yes, please insert name of Homeowners carrier and expiration date:

Is the Firm: Owner/Lessor Owner/Occupant Tenant

Sole Building Occupant? Yes No

DESCRIPTION OF YOUR OPERATIONS: _____

Number of: Arch/Engineers _____

Draftpersons: _____

Clerical: _____

Payroll: Arch/Engineers: \$ _____

Draftpersons: \$ _____

Clerical: \$ _____

Locations: (Photocopy for additional locations) _____

Location # _____

Building Construction Type:

Residence Commercial

Frame

Modified Fire Resistance

Joisted Masonry

Masonry Non-combustible

Year Building Built: _____

(If over 20 years, please indicate year roof, plumbing, & heating were updated)

Number of Stories: _____

Plumbing _____ Roof _____ Heating _____

Electrical _____

Wiring type: Three prong grounded outlets Circuit breakers Ground fault circuit interrupters, where needed

Building Square Footage: _____

Percent of building vacant: _____

%

Office Square Footage Occupied by the firm: _____

Type of Door Locks: Latch Single Cylinder Dead Bolt Double Cylinder Dead Bolt Alarm

Type of Window Protection: None Bars or Glass Brick Alarmed

Any mercantile occupancy: Yes No If yes, sq. ft. area: _____ % of total: _____ %

Any restaurant occupancy: Yes No If yes, sq. ft. area: _____ % of total: _____ %

Burglar Alarm? None Local Central

Fire Alarm? None Local Central

Name of Alarm Co.: _____

Name of Alarm Co.: _____

Percentage of Building Sprinklered? _____ %

Smoke Detector? Yes No

Is there air conditioning? Yes No

Ongoing bldg maintenance or inspections? Yes No

Surge protectors on all computers? Yes No

Is building within 1000 feet of shoreline? Yes No

How often are computers backed-up? (Check One) Daily

2 fire hydrants within 500 ft of premises? Yes No

Weekly

Formal new hires training? Yes No

Records stored offsite? Yes No

Monthly

Is building undergoing renovation? Yes No

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- Is the business closed more than 60 consecutive days each year? Yes No
- Are any autos registered to the firm? Yes No
- Do employees use their personal autos in your business? Yes No
- If yes, is proof of auto insurance required from your employees? Yes No
- Are rental vehicles used? Estimated Annual Cost of rental vehicles: Yes No
- Is any office equipment leased? Yes No
- Does the firm own or lease any aircraft or watercraft? Yes No
- Do you have a retirement policy? Plan Name/Value: Yes No
- Do you have a separate storage location? Yes No

LIMITS PER LOCATION

Building (if owned by the firm):	\$	Valuable Papers:	\$
Office Equipment/Contents:	\$	Fine Arts:	\$
Computer Hardware Value:	\$	Field Equipment:	\$
Computer Software Value:	\$	Architectural Models	\$
Employee Dishonesty:	\$	Tenants' Improvements	\$
Electronic Data:	\$	Other:	\$

PROFESSIONAL LIABILITY CARRIER: _____

LIMIT CARRIED:	Per Claim \$ _____	Aggregate \$ _____	EXPIRATION DATE: _____
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Mortgagees / Loss Payees (Real Property & Leased Office Equipment)

Name		
Address		
City/St/Zip		
Reference #		

Additional Insureds

Name		
Address		
City/St/Zip		
Interest		

Contact for accounting records: _____

Phone number: _____

Contact for claims information: _____

Phone number: _____

SIGNATURE:

TITLE:

DATE:

Heffernan
Professional Practice
Insurance Brokers

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PLEASE EXPLAIN ALL "YES" RESPONSES

YES NO

Is the applicant a subsidiary of another entity or does the Applicant have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
Is a formal written safety and security program in operation?	<input type="checkbox"/>	<input type="checkbox"/>
Any exposure to flammables, explosives, chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
Any catastrophe exposure?	<input type="checkbox"/>	<input type="checkbox"/>
Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
Does the percentage of annual receipts generated from design/build services for clients exceed 10%? If so, please explain on reverse.	<input type="checkbox"/>	<input type="checkbox"/>
Does employees do any off-premises work? If so, how frequently are they off premises? <input type="checkbox"/> < Once per week? <input type="checkbox"/> Once per week? <input type="checkbox"/> > Once per week	<input type="checkbox"/>	<input type="checkbox"/>
Number of ee's: _____		
Have there been any bankruptcies, tax or credit liens against the applicant in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Do your business operations involve more than design work?	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant draw plans, designs or specifications for others?	<input type="checkbox"/>	<input type="checkbox"/>
Do any operations include blasting or utilize or store explosive materials?	<input type="checkbox"/>	<input type="checkbox"/>
Do any operations include excavation, tunneling, underground work or earth moving?	<input type="checkbox"/>	<input type="checkbox"/>
Do your subcontractors carry coverages or limits less than yours?	<input type="checkbox"/>	<input type="checkbox"/>
Are subcontractors allowed to work without providing you with a certificate of insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Any medical facilities provided or medical professionals employed or contracted?	<input type="checkbox"/>	<input type="checkbox"/>
Any exposure to radioactive/nuclear materials?	<input type="checkbox"/>	<input type="checkbox"/>
Do/Have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Any operations sold, acquired, or discontinued in the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
Any machinery or equipment loaned or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>
Any aircraft/watercraft docks, floats owned, hired or leased?	<input type="checkbox"/>	<input type="checkbox"/>
Any parking facilities owned/rented?	<input type="checkbox"/>	<input type="checkbox"/>
Is a fee charged for parking?	<input type="checkbox"/>	<input type="checkbox"/>
Recreation facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a swimming pool on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
Sporting or social events sponsored?	<input type="checkbox"/>	<input type="checkbox"/>
Has applicant been active in or is currently active in joint ventures?	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant lease employees to or from other employers?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a labor interchange with any other business/subsidiary?	<input type="checkbox"/>	<input type="checkbox"/>
Any day care facilities operated or controlled?	<input type="checkbox"/>	<input type="checkbox"/>
Have any crimes occurred or been attempted on your premises within the last three years?	<input type="checkbox"/>	<input type="checkbox"/>
Are employee health plans provided? Carrier:	<input type="checkbox"/>	<input type="checkbox"/>
Do any employees predominantly work at home?	<input type="checkbox"/>	<input type="checkbox"/>

