BOP - PREMIUM INDICATION ONLY

CLIENT NAME:	TELEPHONE #:
ADDRESS:	FAX#:
CITY / ST / ZIP:	FID#:

BUSINESS TYPE	☐ CORPORATION ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ OTHER
YEAR ESTABLISHED	
LOSS HISTORY	☐ EXCELLENT ☐ GOOD ☐ POOR

NUMBER OF OWNERS		NUMBER EMPS: Full / Part-Time
SUBCONTRACTED WORK	%	APPROXIMATE COST OF SUBS: $
ESTIMATED SALES	$	
WORK TYPE	% COMM'L	% RESIDENTIAL

BUILDING LOCATION	
OCCUPANCY	☐ OWNER ☐ TENANT
USE	☐ OFFICE ☐ SHOP ☐ STORAGE ☐ LRO / OCCUPIED BY:
CONSTRUCTION TYPE	FRAME JM MNC
AREA	SQ FT
YEAR BUILT	
SPRINKLERED	YES / NO
ALARMED	YES / NO

BUILDING LIMIT	$	DED: $	/ RC or ACV / % CO- INS
BPP	$	DED: $	/ RC or ACV / % CO- INS
PP / OTHERS	$	DED: $	/ RC or ACV / % CO- INS
INSTALLATION	$	DED: $	/ RC or ACV / % CO- INS
MISC TOOLS & EQUIP	UNDER $1K: $	OVER $1K: $	DED: $
CONTRACTORS EXTN ENDO	YES / NO		

BII LIMIT	ALS	SPECIFIED LIMIT:
ACCTS RECEIVABLE	$	
VAL PAPERS & RECORDS	$	
GLASS	$	LINEAR FOOTAGE
EMPLOYEE DISHONESTY	$	
SPOILAGE	$	

LIABILITY	300/600	500/1M	1M/2M	- DED: $
FIRE LEGAL	10K	50K	100K	300K
EMPLOYEE BENEFITS	$			
DESIGN LIABILITY	$			
PRINTERS E & O	$			
VENDORS BROAD FORM	YES / NO			
HIRED / NONOWNED LIABILITY	YES / NO			

UMBRELLA	$1M	$2M	$3M	$4M	$5M	$10M

AXiA Insurance Services Inc.
73 Marketplace, P.O. Box 15648
Springfield, MA 01115
Tel: 413-205-2942
Fax: 413-886-0190