



COMMERCIAL SPECIALISTS INSURANCE SERVICES

LIC # 0D80851

3315 Old Conejo Road, Thousand Oaks, CA 91320

PHONE: 888.501.2747 (CSIS) FAX: 888.502.2747 (CSIS)

WWW.CSISONLINE.COM

Business Owners Policy (BOP)

How did you hear about us?

☐ BIA ☐ Chamber of Commerce ☐ Current Client ☐ Email
☐ Google ☐ Mailer ☐ Yahoo ☐ Yellow pages

☐ Referral: _____ ☐ Website: _____

Named insured _____

Owner's name _____ Contact's name _____

Phone #: _____ Cell # _____ Fax # _____

Email: _____ Preferred method of contact: ☐ Phone ☐ Fax ☐ Email ☐ Mail

Mailing address: _____

Physical/Premise address _____

Business entity: ☐ Individual ☐ Joint Venture ☐ Partnership ☐ Corporation ☐ Other _____

Completely describe the operations at this location:

Do you own this building? ☐ Yes ☐ No

Leasing it? ☐ Yes ☐ No

If owner is an occupant, % occupied _____

Any portion of the building vacant? ☐ Yes ☐ No

Do you sell or manufacture any products under your own label? ☐ Yes ☐ No

Does the applicant do any direct importing? ☐ Yes ☐ No

Are there any rental operations? ☐ Yes ☐ No

Is there any pick-up or delivery service? ☐ Yes ☐ No

Describe all unusual operations or business practices not customary to this type of business:

THIS IS NOT AN APPLICATION, IT IS ONLY A PRELIMINARY INFO SHEET FOR A QUOTE.
ADDITIONAL INFORMATION MAY BE REQUIRED.

Years of Experience: _____ Years in Business: _____

How long has the applicant been at this location? _____

Is any portion of the applicant's premises subleased? ☐ Yes ☐ No

Describe:

Neighbor/business on the left: _____

Neighbor/business on the right: _____

Neighbor/business to the rear: _____

of owners, partners, officers, members: _____ # of owners active in the business: _____

Full time employees _____ # Part time employees _____

Annual employee payroll: _____ Subcontractor costs: _____

Employee Benefit Liability Coverage (EBL): ☐ Yes ☐ No

Employee Practices Liability Insurance (EPLI): ☐ Yes ☐ No

Annual gross receipts: _____

Please list approximate annual sales by category:

Food sales: _____

Gas sales: _____

Alcohol sales: _____

Other: _____

Location information:

Construction type: ☐ Frame/Stucco ☐ Masonry ☐ Other

Total area (in square feet) _____ # of stories: _____

of parking spaces, or square footage of parking area that you are responsible for: _____

Is this location on a pier, dock or waterfront? ☐ Yes ☐ No

Electrical system: ☐ Fuses ☐ Circuit Breaks ☐ Other: _____

Fire protection equipment: ☐ Fire extinguishers ☐ Sprinklers ☐ Smoke detectors ☐ Other: _____

Percent of building that has sprinklers _____

Fire alarm: ☐ Local (loud local noise only) ☐ Central station (connected to fire company) ☐ None

Burglar alarm: ☐ Local (loud local noise only) ☐ Central Station (connected to police) ☐ None

Theft coverage (must have alarm): ☐ Yes ☐ No

Is this the predominant location/building? If yes, please describe: ☐ Yes ☐ No

Will the business be closed for remodeling or building construction work during the policy period?

☐ Yes ☐ No If yes, please describe: _____

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Has the applicant had a fire loss at this location, or other property/business locations within the last 20 years? ☐ Yes ☐ No If yes, please describe: _____

Building, Personal Property, and Additional Coverages Information:

If the building is to be covered, please provide:

Current value \$ _____ Year building was built: _____

Year plumbing was last updated: _____ Year electrical last updated: _____

Year heating last updated: _____ Year roofing last updated: _____

Business Personal Property Value \$ _____

(Property that you own or lease for use in your business, stored at this location)

Select deductible: ☐ \$250 ☐ \$500 ☐ \$1000 ☐ Other: _____

Select liability limit: ☐ \$300,000 ☐ \$500,000 ☐ \$1,000,000 ☐ \$2,000,000 ☐ Other: _____

Hired auto/non-owned auto coverage: ☐ Yes ☐ No

Other coverages required:

Current insurance company (provide carrier name, policy number and policy effective dates:

Any losses or claims in the last five years? ☐ Yes ☐ No

If yes, please describe: _____

Other coverages requested:

Signature

Date

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