



RLIPack® Business Owners Quote Information

Proposed Effective Date: _____

Named Insured: _____ Phone Number: _____

Mailing Address: _____ Website: _____

Entity Type: Sole Proprietor Partnership Corporation LLC/LLP Other: _____

Date Firm Established: _____ Estimated Annual Revenues: _____

Current Carrier: _____

Professional Liability: Current Carrier: _____

Effective Date: _____ Limits: _____

- Loss History: No losses (Note: Have insured sign a statement of no losses if bound.)
 5 year loss runs attached. (Note: Five year loss history required to qualify for UPCIP.)
 Quote subject to acceptable loss history.

General Liability Coverages

- Liability Limits: \$500,000 Occurrence / \$1,000,000 Aggregate
 \$1,000,000 Occurrence / \$2,000,000 Aggregate
 \$2,000,000 Occurrence / \$4,000,000 Aggregate

Optional Liability Coverages:

- Hired/Non-owned Liability
 Hired Auto Physical Damage
 Employee Benefits Liability Employee Benefits Retro Date: _____ Limit: _____

Property Coverages

Property Deductible: \$500 \$1,000 \$2,500 \$5,000

Increased Property Limits: (The limit shown in parenthesis is included automatically on the policy form.)

Accounts Receivable (\$250,000): _____
Employee Dishonesty (\$50,000): _____ Number of Employees: _____
ERISA (\$100,000): _____
Valuable Papers (\$100,000): _____
Fine Arts (\$100,000): _____
Surveying / Field / Contractors Equipment: _____ Deductible: _____

Any other property coverages not listed above: _____

Location Information

Location Address (If different from mailing): _____

Building Limit: _____ Business Contents Limit: (Include value of computer hardware, software, improvements & betterments): _____

Building Updates: Roof: _____ Electrical: _____ Heating: _____ Plumbing: _____

Construction Type: Frame Joisted Masonry Non-Combustible Masonry Non-Combustible Fire Resistive

Occupancy: Owner Tenant

Year Built: _____ Number Of Stories: _____

Square Footage: _____ Occupied Square Footage: _____

Operational Sprinkler System: Yes No

Central Station Alarm System: Fire Yes No Burglar Yes No

Additional Interests: Mortgagee, Loss Payee, etc.

Name	Address	Interest