

BOP/GENERAL LIABILITY QUICK QUOTE FORM
NWC INSURANCE SERVICES, INC.
P.O. Box 1180
Santa Rosa, CA 95402
Phone: 888-693-7892 Fax: 866-577-7595

PLEASE PRINT

DATE:

Insurance Agency Name:			
Agency Contact Name:			
Address:			
City, State, Zip:			
Phone:		Fax:	
Email Address:			

Has Allstate refused to quote this Insured?	
Have you obtained a Right of First Refusal letter from your Underwriter?	
Enter your Allstate Underwriters or Field Underwriters initials who provided you the Right of First Refusal letter	

Named Insured - Entity:				
DBA (Business Name):				
Mailing Address:	Street or P.O. Box:			
City, County, State, Zip:	City:	County:	State:	Zip:
Phone:				
Fax:				
Contact Person:				
SS#/Fed Tax ID #:				
Web-Site Address:				
Date Business Started:				
Years Experience in Business:				
Business Organization:	Individual	Partnership	Corporation	LLC
	Non-Profit	Other - explain		
Requested Effective Date:				
Current Insurance Carrier:	Eff Date:	Exp.Date:	Policy #:	
Payroll and Sales/Receipts Information:	Annual Payroll: \$ _____ Note: Do not include business owner or corporate officer's salary/payroll.			
	Annual Gross Sales/Receipts: \$ _____			
# of Employees:	Full time _____ Part time _____			
Any losses in the last three years?	Yes (If Yes, give complete details below) No			

*****CRITICAL INFORMATION: Please be as detailed as possible*****

Nature of Business/Description of Operations:

Information on losses (if any):

Property Information:

PLEASE COMPLETE A COPY OF THIS PAGE FOR EACH LOCATION/BUILDING.

Loc #	Bldg #	Street, City, County, ST, Zip	Property Covg	GL Covg
			Yes No	Yes No
Building Coverage Limit:	\$			
Building Deductible:	\$250, \$500, \$1000 (circle or highlight one)			
Contents Coverage Limit:	\$			
Contents Deductible:	\$250, \$500, \$1000 (circle or highlight one)			
<p>Please complete <u>whether building or contents coverage is requested or not.</u> Information is also used for the Premises Liability for the Business Owner</p>				
Construction Type:	Frame Joisted Masonry Metal Other -			
Sprinklered:	Yes No			
# of Stories:				
# of Basements:				
Year Built:				
Bldg Sq. Footage:				
Sq. Footage occupied:				
Burglar Alarm Type:	Central Station Local			
Fire Protection:	Central Station Local			
Interest:	Owner Tenant			
Building Improvements:	Wiring, Year _____ Plumbing, Year ____ Heating, Year _____ Roofing, Year _____			
General Liability Limits:	\$2,000,000 occurrence / \$4,000,000 aggregate \$1,000,000 occurrence / \$2,000,000 aggregate \$ 500,000 occurrence / \$1,000,000 aggregate \$ 300,000 occurrence / \$ 600,000 aggregate			
Liquor Liability:	Yes No			
If Liquor Liability is requested provide <i>both</i> :	Annual Gross Receipts <i>including</i> food and liquor \$ _____ Annual Gross Receipts <i>liquor only</i> : \$ _____			
Internet Sales Percentage:	\$ _____			

Additional Coverage Requested: May be required to complete separate application for some coverages	
Hired and Non-Owned Auto Liability	Glass: _____ linear feet
Professional Liability \$ _____	Tenant's Improvements & Better: \$ _____
Employee Dishonesty \$ _____	Outdoor Signs: \$ _____
Business Income/Extra Expense \$ _____	Garage Keepers Legal Liability
Contractor's <i>Unscheduled</i> Tools: \$ _____	Contractor's <i>Scheduled</i> Tools: \$ _____ Attach schedule of equipment to this application
Umbrella: \$ _____	
Other: Provide coverage & limits requested	

Additional Interests:	Name and Address:
Mortgagee/Loss Payee	
Additional Insured	
Other - Explain	
Interest:	