State Bar of California Sponsored

Business Owners Package Application

County

Location Address, if other than above: Please list additional locations in Remarks Section on Page 3.

County



Fax Number

Interest In Premises:

Owner/OccupantOwner/Lessor

Condo Owner

Lessee

Zip Code

Check one: Please issue a quote Please consider this application as a request for coverage How to request a quote or apply: complete this form, select the coverages you desire, and fax to 213-346-5946, scan and e-mail it to CalBar.workerscomp.service@mercer.com, or mail to Mercer, Attn: Association Department, 633 West 5th Street, Suite 1200, Los Angeles, CA 90071. Please print or type all information. If you would like assistance completing the form, call 877-446-7492. 1.) GENERAL APPLICANT INFORMATION Requested Effective Date: Individual Corporation Partnership Joint Venture Named Insured is: Other Business/Corporate Name, DBA, or Your Name, if not incorporated Federal Tax I.D.# Name of Owners, Partners, and Corporate Officers who are active in the business, and their professional occupation.

Daytime Phone

State

Zip Code

State

2.) BUSINESS OWNERS PACKAGE

Street Address

e-Mail Address

Street Address

City

City

Indicate limits of coverage you require in addition to the limits or co	overages indicated below, for each location:				
PROPERTY COVERAGES	LIABILITY COVERAGES				
Includes Business Income/Extra Expense —Actual Loss Sustained —	Limits of Insurance				
Coverage A Building Contents S	Coverage C — Business Liability Limits of Insurance \$\begin{array}{cccccccccccccccccccccccccccccccccccc				
SignsIncluded or \$	7/22				

Additional Insureds: Loss Payee Additional Mortgagee Lease (If more than one, please provide name) Name Address	Has the Insured agreed to name anyone as an Additional Isured? ie: Landlord?					
Prior Carrier Informate Policy Term From/To	ny	Po	olicy Number			
Any policy or coverage declined,	cancelled, non-renewed or placed in a non-si	tandard market in the	past 3 years? L Yes	∟ No If yes, ex	xplain.	
·	all prior claims reported to carrier w	ithin 3 years — a	ttach list if necessar	y)		
Include Property and Liabilit Loss Date	y. No prior losses in 3 years.	¢ Amount Doid	¢ Dogonyo	Onon	Closed	
Loss Date	Description of Loss	\$ Amount Paid	\$ Reserve	Open	Closed	
T. II. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				<u> </u>		
To the best of your knowled	dge are there any incurred but not reporte	d claims? U Yes	☐ No If yes, exp	laın. 		
Complete This Section	n for Each Location					
Construction: Frame Joisted Masonry Non-Combustible Masonry Non-Combustible Modified Fire-Resistive Fire-Resistive	Building Occupancy: Is Buil Single Sprink Multiple Yes StripMall No	ding 75% lered?	Total Bldg. Area:Sq.Ft. Area Occupied by Insured:Sq.Ft. Basement(s):			
Building • Year Building Built	: • Number of Stories:_					
completely updated or repla Wiring: Plumbi	rears old, have the wiring, plumbing and ced? Yes No If yes, provide ang: Heating: Heating: Heating was going and roof.	the year updated or Roof:	replaced: Comprehensive Re	novation:		
Burglar alarm? Type: local silent	? Yes No Yes No Yes No Central station Yes No		ess started of employees:			

3.) SIGNATURE

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

I authorize Mercer to collect, use and disclose loss run information from my former Business Owners Package insurance policies solely for the purpose of obtaining replacement coverage. I authorize Mercer to obtain proposals on my behalf from the program insurers. They are authorized to release to prospective insurers the name of my current insurer, pricing and policy terms. They may also release to prospective insurers the results of other competitive bids in order to allow an insurer to submit an improved quote. I will advise Mercer in writing if I do not want any of the above information released.

Signature:			D	Date:			

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About Our Role and Compensation

Mercer Health & Benefits Insurance Services LLC facilitates the placement of insurance coverage on behalf of our clients. In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. We may also receive additional monetary and nonmonetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon such factors as volume, growth or retention of business. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will provide you additional information about our compensation and information about alternative quotes, upon your request. You may obtain this information by referring to https://www.personal-plans.com/disclosure and entering the security code 04584555 or call us at 1-888-206-5088 for specific details.

4.)	REMARKS	

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