

Business Owners Package Application



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: _____

Named Insured is: Individual Corporation Partnership Joint Venture 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. _____

Street Address _____ Daytime Phone _____ Fax Number _____

City _____ County _____ State _____ Zip Code _____

e-Mail Address _____

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

Interest In Premises:

Street Address _____

- Lessee
- Owner/Occupant
- Owner/Lessor
- Condo Owner

City _____ County _____ State _____ Zip Code _____

2.) BUSINESS OWNERS PACKAGE

Indicate limits of coverage you require in addition to the limits or coverages indicated below, for each location:

PROPERTY COVERAGES	LIABILITY COVERAGES																		
Includes Business Income/Extra Expense —Actual Loss Sustained—	Limits of Insurance																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Coverage A</p> <p>Building</p> <p>\$ _____</p> <p style="padding-left: 20px;">Replacement Cost</p> <p>Deductible Per Policy:</p> <p><input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000</p> <p>Includes the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Accounts Receivable.....</td> <td style="width: 20%; text-align: right;">Minimum Included or \$ _____</td> </tr> <tr> <td>Valuable Papers.....</td> <td style="text-align: right;">Minimum Included or \$ _____</td> </tr> <tr> <td>Personal Property Off Premises.....</td> <td style="text-align: right;">Minimum Included or \$ _____</td> </tr> <tr> <td>Computer..EDP, software.....</td> <td style="text-align: right;">Minimum Included or \$ _____</td> </tr> <tr> <td>Employee Dishonesty.....</td> <td style="text-align: right;">Minimum Included or \$ _____</td> </tr> <tr> <td>Water & Sewer Backup.....</td> <td style="text-align: right;">Minimum Included or \$ _____</td> </tr> <tr> <td>Signs.....</td> <td style="text-align: right;">Minimum Included or \$ _____</td> </tr> </table> </td> <td style="width: 50%; vertical-align: top;"> <p>Coverage B</p> <p>Contents</p> <p>\$ _____</p> <p style="padding-left: 20px;">Replacement Cost</p> </td> </tr> </table>	<p>Coverage A</p> <p>Building</p> <p>\$ _____</p> <p style="padding-left: 20px;">Replacement Cost</p> <p>Deductible Per Policy:</p> <p><input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000</p> <p>Includes the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Accounts Receivable.....</td> <td style="width: 20%; text-align: right;">Minimum Included or \$ _____</td> </tr> <tr> <td>Valuable Papers.....</td> <td style="text-align: right;">Minimum Included or \$ _____</td> </tr> <tr> <td>Personal Property Off Premises.....</td> <td style="text-align: right;">Minimum Included or \$ _____</td> </tr> <tr> <td>Computer..EDP, software.....</td> <td style="text-align: right;">Minimum Included or \$ _____</td> </tr> <tr> <td>Employee Dishonesty.....</td> <td style="text-align: right;">Minimum Included or \$ _____</td> </tr> <tr> <td>Water & Sewer Backup.....</td> <td style="text-align: right;">Minimum Included or \$ _____</td> </tr> <tr> <td>Signs.....</td> <td style="text-align: right;">Minimum Included or \$ _____</td> </tr> </table>	Accounts Receivable.....	Minimum Included or \$ _____	Valuable Papers.....	Minimum Included or \$ _____	Personal Property Off Premises.....	Minimum Included or \$ _____	Computer..EDP, software.....	Minimum Included or \$ _____	Employee Dishonesty.....	Minimum Included or \$ _____	Water & Sewer Backup.....	Minimum Included or \$ _____	Signs.....	Minimum Included or \$ _____	<p>Coverage B</p> <p>Contents</p> <p>\$ _____</p> <p style="padding-left: 20px;">Replacement Cost</p>	<p>Coverage C — Business Liability Limits of Insurance</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> \$1,000,000 per occurrence/ \$2,000,000 annual aggregate</td> <td style="width: 50%;"><input type="checkbox"/> \$2,000,000 per occurrence/ \$4,000,000 annual aggregate</td> </tr> </table> <p>Includes:</p> <p style="padding-left: 20px;">Tenant’s Legal Liability Minimum Included or \$ _____</p> <p style="padding-left: 20px;">Limited Glass Coverage</p> <p style="padding-left: 20px;">Coverage – Medical Payments \$10,000 per Person</p> <p>Optional:</p> <p><input type="checkbox"/> Super Stretch Endorsement</p> <p style="padding-left: 20px;">Employee Benefits Liability \$10,000 or \$ _____</p> <p style="padding-left: 20px;">Full Glass Coverage (Value of Glass)\$ _____</p> <p style="padding-left: 20px;">Umbrella \$ _____ Million</p> <p style="padding-left: 20px;">Hired and Non-Owned Auto <input type="checkbox"/> Include <input type="checkbox"/> Exclude</p>	<input type="checkbox"/> \$1,000,000 per occurrence/ \$2,000,000 annual aggregate	<input type="checkbox"/> \$2,000,000 per occurrence/ \$4,000,000 annual aggregate
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Additional Insureds:

- Loss Payee Additional Named Insured
 Mortgagee Leased Equipment Lessor

(If more than one, please provide name(s) and address(es) in Remarks Section on Page 3.)

Name _____

Address _____

Has the Insured agreed to name anyone as an Additional Insured?
 ie: Landlord? Yes No

Additional Insured's interest: _____

(If more than one, please provide name(s) and address(es) in Remarks Section on Page 3.)

Name _____

Address _____

Prior Carrier Information — Business Owners

Policy Term From/To	Insurance Company	Policy Number

Any policy or coverage declined, cancelled, non-renewed or placed in a non-standard market in the past 3 years? Yes No If yes, explain.

Loss Information (list all prior claims reported to carrier within 3 years — attach list if necessary)

Include Property and Liability. No prior losses in 3 years.

Loss Date	Description of Loss	\$ Amount Paid	\$ Reserve	Open	Closed

To the best of your knowledge are there any incurred but not reported claims? Yes No If yes, explain.

Complete This Section for Each Location

Construction:

- Frame
 Joisted Masonry
 Non-Combustible
 Masonry Non-Combustible
 Modified Fire-Resistive
 Fire-Resistive

Building Occupancy:

- Single
 Multiple
 StripMall

**Is Building 75%
Sprinklered?**

- Yes
 No

Total Bldg. Area: _____ Sq.Ft.

Area Occupied by Insured: _____ Sq.Ft.

Basement(s): _____

Building • Year Building Built: _____ • Number of Stories: _____

If building is more than 15 years old, have the wiring, plumbing and heating-A/C and/or roofing systems been partially or completely updated or replaced? Yes No If yes, provide the year updated or replaced:

Wiring: _____ Plumbing: _____ Heating: _____ Roof: _____ Comprehensive Renovation: _____

Note: Comprehensive Renovation Year reflects when the building was gutted to the exterior walls and completely rebuilt with new interior walls, plumbing, heating, wiring and roof.

Protection	Management
<ul style="list-style-type: none"> Number of fire extinguishers _____ Smoke Detectors installed? <input type="checkbox"/> Yes <input type="checkbox"/> No Hardwired? <input type="checkbox"/> Yes <input type="checkbox"/> No Burglar alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> local <input type="checkbox"/> silent <input type="checkbox"/> central station Fire alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> local <input type="checkbox"/> silent <input type="checkbox"/> central station 	<ul style="list-style-type: none"> Year this business started _____ Year Total number of employees: _____ Full Time _____ Part Time

