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BOP QUESTIONNAIRE

1. Effective Date: _____ Fed Employer ID #: _____
2. Applicant's Name: _____
DBA: _____
 Sole Proprietor Partnership Corporation LLC Other _____
3. Contact Name: _____ Email: _____
Phone: _____ Fax: _____
4. Mailing Address: _____
5. Name of Owners: _____
6. Description of Operation:

7. Number of years in business: _____ Number of years at this location: _____
8. Liability Limits:
 \$500,000 Occurrence/ \$1,000,000 Aggregate \$1,000,000/\$2,000,000
 \$2,000,000/\$4,000,000 Higher Limits (umbrella) – specify: _____
9. Non-Owned & Hired Auto Liability Coverage? Yes No
10. Property Deductible: \$100 \$250 \$500 \$1,000 \$2,500
11. Do you provide health insurance for your employees? Yes No
12. Do any employees ever drive their own vehicle on behalf of the store? Yes No
13. Does the store have Auto Insurance elsewhere? Yes No
14. Are you required to name any additional interests (Landlord, etc) as Additional Insureds under your liability insurance? Yes No If yes, # of Additional Insureds: _____
(We will need their name and address to send the required certificate of insurance)
15. Prior Carrier and Loss information – past 5 years: Attach copies of prior carriers' loss runs, if available. If no losses in the past 5 years, please complete and sign a letter on your letterhead stating that you have had no losses and attach to application. Please list your previous insurance information for the past 5 years below.

Policy Year	Insurance Company	Policy Number	Description of Losses (if any)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
16. Are you a member of the USRA? Yes No

