

**Business Owners Policy  
Quick Quote Form: Music Stores**

(The information requested on this form will allow us to request a premium indication from multiple insurance carriers on your behalf. Should you choose to accept one of these quotes, a formal application with your signature will need to be completed)

Full Legal Name of Business \_\_\_\_\_

Business Entity: LLC \_\_\_ Sole Proprietor \_\_\_ Partnership \_\_\_ Corporation \_\_\_ DBA \_\_\_ Other \_\_\_\_\_

Federal ID Number \_\_\_\_\_

Your Name \_\_\_\_\_

Mailing address: \_\_\_\_\_

Location address if different: \_\_\_\_\_

(please list additional locations on a separate page)

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_ Email \_\_\_\_\_

Date your current business started \_\_\_\_\_

Current business owner's coverage insurance carrier \_\_\_\_\_

Current business owner's insurance premium \_\_\_\_\_ Expiration date of current policy \_\_\_\_\_

Date quote is needed by \_\_\_\_\_

Have you had any losses or claims in the last 5 years on your business policy? \_\_\_\_\_

If yes, please give a description of the loss, the date of the loss, the amount paid and whether the claim is now open or closed. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Do you own the building or lease/rent the office space? \_\_\_\_\_

Year built \_\_\_\_\_ Square footage of building \_\_\_\_\_ Square footage you occupy \_\_\_\_\_

If you are not the only building occupant, please list the other businesses \_\_\_\_\_

Construction type: Masonry \_\_\_ Frame \_\_\_ Masonry with wood joists \_\_\_ Other \_\_\_\_\_

Year of most recent updates to: Roof \_\_\_\_\_ Heating \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_

Type of heat \_\_\_\_\_ If boiler, please describe and give age \_\_\_\_\_

Is the building 100% sprinklered? \_\_\_\_\_

Is there a burglar alarm? \_\_\_\_\_ Local alarm \_\_\_\_\_ Central Station alarm \_\_\_\_\_

Is there a fire alarm? \_\_\_\_\_ Local alarm \_\_\_\_\_ Central Station alarm \_\_\_\_\_

How many stories is the building? \_\_\_\_\_

If you own the building, what is the building value? \_\_\_\_\_ (How much is it insured for on current policy)

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Value of business personal property (i.e. equipment, office furniture, supplies, computers) \_\_\_\_\_

Value of retail stock \_\_\_\_\_

Annual Gross sales \_\_\_\_\_

% of business that is rentals \_\_\_\_\_ % of business that is repair \_\_\_\_\_ % of business that is lessons \_\_\_\_\_

% of business from internet sales \_\_\_\_\_

Max value of items being shipped at any given time \_\_\_\_\_ Via Your vehicles \_\_\_ Common Carrier \_\_\_

Deductible on current policy \_\_\_\_\_

Do you have a mortgage on the building or a loss payee on the business or business equipment? If so, please give full name and address \_\_\_\_\_

Are there any other additional insureds that should be listed? (i.e. landlord) \_\_\_\_\_

\_\_\_\_\_