

GLOBAL INSURANCE AGENCY, LLC

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Sales Rep.

BOP / COMMERCIAL PACKAGE APPLICATION

Date: _____ **Requested Effective Date:** _____

COMPANY'S INFORMATION

Legal Business' Name: _____ DBA _____

Entity Type: Sole Proprietorship ___ LLC ___ Corporation ___ Partnership ___ Other: _____

Employer Identification Number (EIN) or Tax Payer Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Year Business started: _____ Owner's Years of Experience: _____ Owner's Managerial Experience: _____

Nature of Business: _____

Briefly describe the work you do: _____

Is this a Home based Business: _____ Hours of operations: _____

Does your company manufactures, distribute, sale and/or import/export products? _____ If so, explain in details the products type and your company's role (List products).

Any out state work? _____ If so, list states: _____

OWNERS/OFFICERS

Owner/Officer 1

Owner/Officer 2

Owner/Officer 3

Name: _____

Name: _____

Name: _____

Title: _____

Title: _____

Title: _____

Address: _____

Address: _____

Address: _____

Date of Birth: _____

Date of Birth: _____

Date of Birth: _____

Social Sec. No.: _____

Social Sec. No.: _____

Social Sec. No.: _____

Phone: _____

Phone: _____

Phone: _____

Have any of the above owners filed for Bankruptcy within the last 7 years? _____ If so explain: _____

LOCATION INFORMATION (if more than one location, copy this page and complete one per location)

Address: _____ City: _____ State: _____ Zip: _____

Do you own the premises where business is located? Yes _____ No _____ Sq. Ft. of occupied space: _____

of Stories: _____ Construction: Frame _____ Brick _____ Other: _____ Is building attached to other property: _____

Total Sq. Footage of Building _____ Approx. Building Age _____ Roof Type: _____

Year of Updates: Plumbing _____ Electric _____ Heat _____ Roof _____

Does the building has an exterior metal fire escape? _____ Does the building have sprinklers? _____

Do you have an active central station burglar alarm system? Ex. ADT, Brinks, etc: _____

BUILDING OWNER SECTION. Complete this section only if you own the building and want to insure it under this policy.

No. of Units Vacant: _____ No. of apartments in Building: _____ No. of Commercial Units in Building: _____

Square Ft. of Vacant Units: _____ Square Ft. of Apartments: _____ Square Ft. of Commercial Units: _____

Amount you wish to insure the building for: _____ Mortgage amount, if any: _____

Describe Commercial tenants occupancy types (restaurant, barbershop, offices, etc):

Does the building have a parking lot? _____ If so, for how many cars: _____ Approx. Sq. Footage _____

Does the building have a garage? _____ If so, for how many cars: _____ Approx. Sq. Footage _____

Do you own any other structure whether attached or not attached to the building? _____ If so, please describe:

Do any tenants in this building engage in operations having severe fire hazards including, but not limited to the following: a) processing or manufacturing of products with severe fire hazards; b) woodworking or spray painting; c) metal working or welding; d) commercial cooking operations? Yes _____ No _____

Does the building has any of the following: Burglar Alarm _____ Fire Alarm _____ Fire Sprinklers _____

Any losses or claims within the last three years? _____ if so please answer the questions below:

Loss type

Amount pay

Carrier's Name

In the last 3 years, has any insurance company either declined to issue a policy, or cancelled, or failed to renew existing coverage for the business? If so, please provide carrier's name, type of policy and event date.

FINANCIAL INFORMATION

Annual Gross Sale/Receipts: Last 12 months _____ Projected for next 12 months _____

EMPLOYEES INFORMATION

No. of Full Time Employees: _____ No. of Part-time Employees: _____ No. of 1099 Employees: _____

If sub-contractors are used percentage of Sales/Receipts derived from sub-contractor: _____

Annual Payroll: Last 12 months _____ Projected for next 12 months _____

CURRENT INSURANCE INFORMATION

Is the company currently insured? _____ if so, please provide the below information:

Insurance Company's Name: _____ Policy #: _____

Policy's Expiration Date: _____ Current's Coverage Limit: _____

INSURANCE TYPES AND LIMIT DESIRED

General Liability _____	Amount of Coverage Requested: _____
Property _____	Amount of Coverage Requested: _____
In-land Marine/Ocean Marine _____	Amount of Coverage Requested: _____
Commercial Auto _____	Amount of Coverage Requested: _____
Worker's Compensation _____	Amount of Coverage Requested: _____
Umbrella _____	Amount of Coverage Requested: _____
Professional Liability (E & O) _____	Amount of Coverage Requested: _____
Director and Officer's Liability _____	Amount of Coverage Requested: _____
Other: _____	Amount of Coverage Requested: _____

ADDITIONAL AND OPTIONAL COVERAGE:

Water/Sewer Back up _____ Earthquake _____ Utilities Service _____ Flood _____ Equip. Breakdown _____
Employee's Dishonesty _____ Employee's Benefits Liability _____ Officers & Directors' Liability _____

Applicant's Name and Title

Signature & Date

Sent/Referred by: _____ send quote to: _____
Print name and number (Fax # or E-mail)