



Association Member Benefits Advisors, LLC.

For office use only

- A. Please type or print clearly in ink.
B. All applicants should complete Section 1-Business Information. Complete Section 2-Business Owners Package and/or Section 3-Worker's Compensation if coverage is desired.
C. Provide a copy of your expiring Declarations page for each selected coverage as well as any optional coverage and/or schedule pages.

If you need additional space, please continue on a separate sheet of your business letterhead.

Supplemental information may be required.

Would you like additional information on Cyber or Crime Insurance? [] Yes

Contact information:

Business Name:
Mailing Address:
Location Address:
Contact Name:
Phone Number:
Fax Number:
E-mail Address:
Website Address:

Section 1-Business Information

Detailed business description that includes all operations:
Professional Organization Memberships:
Association Type (please select one): Civic Trade Business Professional Other (please explain)
Estimated Annual Revenue:\$
Number of years in business:
Number of total W2 employees/1099 contractors/volunteers:
Number of years of experience in field:
Do you own or operate any other business other than the business listed above?
Are operations of the business based at the business location or at a remote location?

Section 2-Business Owners Policy (BOP)

Requested Effective Date:

Property Information:

Building Replacement Cost (if you own it) \$
Betterments & Improvements (if needed as a tenant) \$
If building coverage is being provided, list all occupants and provide the square footage of each occupant's space. Also, please indicate the square footage of any vacant area.
Contents Replacement Cost Value \$
-Includes equip., supplies, furniture, improvements and betterments (in lease)

Location Information:

Check appropriate box for Building Construction*
[] Frame [] Non-Combustible Masonry
[] Joisted Masonry [] Non-Combustible
[] Fire Resistive

*see construction definitions on bottom of page 2

Building Age Sprinklers [] Yes [] No
If sprinkled, are they wet or dry?
No. of Stories **Sprinkler system required for any location with Building and BPP>\$2M
Air Conditioner [] Yes [] No Occupied Square Footage
Is location building over 20 years old? [] Yes [] No
If yes to above, please provide the year of update for each of the following:
Plumbing Electrical Heating Roof
Any exposing property within 60 feet of property? [] Yes [] No
If yes, please describe.
Do you sell or distribute under your own label? Yes No

Liability Information:

General Liability limits provided at \$1,000,000/\$2,000,000
Advise if you need higher limits and we can price an Umbrella.

Insurance History:

Please provide insurance history for the past 3 years. If there was no coverage in place for a given year, please indicate "None".

Table with 5 columns: Insurance Company, Policy Number, Expiration Date, Annual Premium, # of Claims

Has any like coverage been declined, cancelled, or non-renewed within the past 3 years? Yes No If yes, please explain.

Section 3-Additional Coverage

Please indicate whether or not you would like to receive additional information and/or a premium indication on the following lines of coverage:

Hired and Non-Owned Auto	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Business Auto	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commercial Umbrella	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Professional Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Workers Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

PLEASE READ, SIGN, AND DATE:

The applicant declares the information contained in the application is true and that no material facts have been suppressed or misstated. The applicant understands that incorrect or incomplete information could void their protection.

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

This application is subject to the underwriter's approval. Your completion of this application does not obligate the insurance company to issue your insurance coverage.

Signature of Principal Owner, Officer, or Partner

Date

Return your signed application to:

Plan offered through Association Member Benefits Advisors, LLC (AMBA). After approval of your application, your Certificate and premium notice will be sent directly to you. The completion of this application does not bind coverage. The application is subject to the Company's Underwriting Rules.

***Construction Definitions**

Frame: Wood or mostly wood construction.

Joisted Masonry: Brick, block, concrete load bearing walls. Roof and floor supports are wood.

Non-Combustible: Metal structural wall and roof supports. NO wood roof decking or wood siding.

Masonry Non-Combustible: Masonry load bearing walls and unprotected steel roof supports.

Fire Resistive: Masonry or protected steel load bearing walls and roof supports. (Steel is protected by encasing it in concrete or spraying on fire resistive insulation.)