



# RLIPack® Business Owners Quote Information

\*Proposed Effective Date: \_\_\_\_\_

**\* Denotes required fields**

\*Named Insured: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*Website: \_\_\_\_\_

\*Entity Type:  Sole Proprietor  Partnership  Corporation  LLC/LLP  Other: \_\_\_\_\_

\*Date Firm Established: \_\_\_\_\_ \*Estimated Annual Revenues: \_\_\_\_\_

Current BOP Carrier: \_\_\_\_\_

\*Professional Liability Coverage: \*Current Professional Liability Coverage: \_\_\_\_\_

\*Effective/Expiration Dates: \_\_\_\_\_ \*Limits: \_\_\_\_\_

\*Loss History:  No losses  5 year loss runs attached.  Quote subject to acceptable loss history.  
(Note: Five year loss history is required for binding. If there are no losses, a signed letter from the insured verifying no losses in 5 years is acceptable.)

### General Liability Coverages

\*Liability Limits:  \$500,000 Occurrence / \$1,000,000 Aggregate  
 \$1,000,000 Occurrence / \$2,000,000 Aggregate  
 \$2,000,000 Occurrence / \$4,000,000 Aggregate

#### Optional Liability Coverages:

Hired/Non-owned Liability  
 Hired Auto Physical Damage  
 Employee Benefits Liability Employee Benefits Retro Date: \_\_\_\_\_ Limit: \_\_\_\_\_

### Property Coverages

\*Property Deductible:  \$500  \$1,000  \$2,500  \$5,000

**Increased Property Limits:** (The limit shown in parenthesis is included automatically on the policy form.)

Accounts Receivable (\$250,000): \_\_\_\_\_

Employee Dishonesty (\$50,000): \_\_\_\_\_

Number of Employees: \_\_\_\_\_

ERISA (\$100,000): \_\_\_\_\_

Valuable Papers (\$100,000): \_\_\_\_\_

Fine Arts (\$100,000): \_\_\_\_\_

Surveying / Field / Contractors Equipment: \_\_\_\_\_

Deductible: \_\_\_\_\_

Any other property coverages not listed above:  
\_\_\_\_\_  
\_\_\_\_\_

### Location Information

\*Location Address (If different from mailing): \_\_\_\_\_

Building Limit: \_\_\_\_\_ \*Business Contents Limit: (Include value of computer hardware, software, improvements & betterments): \_\_\_\_\_

Building Updates: Roof: \_\_\_\_\_ Electrical: \_\_\_\_\_ Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_

\*Construction Type:  Frame  Joisted Masonry  Non-Combustible  Masonry Non-Combustible  Fire Resistive

Occupancy:  Owner  Tenant

\*Year Built: \_\_\_\_\_ Number Of Stories: \_\_\_\_\_

Square Footage: \_\_\_\_\_ \*Occupied Square Footage: \_\_\_\_\_

Operational Sprinkler System:  Yes  No

Central Station Alarm System: Fire  Yes  No Burglar  Yes  No

Additional Interests: Mortgagee, Loss Payee, etc.

| Name | Address | Interest |
|------|---------|----------|
|      |         |          |
|      |         |          |

For more information/to send in completed application for a quote:

Celesta Leclerc, Landy Insurance Underwriter

Tel: 781-292-5403

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Email: celesta@landy.com

