



Business Owners Package

Firms Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

**General Information**

Business Type:  Corporation  *Individual*  Partnership

Limited Partnership  Professional Association  *Other*

Number of years in business: \_\_\_\_

Brief description of business and Clientele: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your business had any property or general liability losses within the past three years?  
If so, please indicate the amount below and briefly state the details.

Amount Paid: \_\_\_\_\_ Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Paid: \_\_\_\_\_ Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Current Insurance Program

Line of Business	Effective Date	Company	Premium	Limits
Property/Liability Package	_____	_____	_____	_____
Commercial Auto	_____	_____	_____	_____
Worker's Comp	_____	_____	_____	(Cov B) _____

## General Insurance Information

Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?  yes  no

Is a formal safety program in operation?  yes  no

Any exposure to flammables, explosives or chemicals?  yes  no

Does your firm install, service or demonstrate products?  yes  no

Foreign products sold, distributed, used as components?  yes  no

Research and development conducted or new produces planned?  yes  no

Guarantees, warranties, or hold-harmless agreements?  yes  no

Does firm draw plans, designs, or specifications?  yes  no

Do any operations include Excavation, Tunneling, Underground work or earth moving?  yes  no

Are your sub-consultants allowed to work without providing you with evidence of their insurance coverage?  yes  no

Does your firm lease equipment to others with or without Operators?  yes  no

Any Exposure to Radioactive/Nuclear Materials?  yes  no

Do you have any past, present or discontinued operations involving storing, treating discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, Fuel tanks, etc.)  yes  no

Any operations sold, acquired, or discontinued in the last 5 years.  yes  no

Machinery or Equipment loaned or rented to others?  yes  no

Any watercrafts, docks, floats owned, hired or leased?  yes  no

Any parking facilities owned/rented?  yes  no

Is a fee charged for parking?  yes  no

Recreation facility provided?  yes  no

Is there a swimming pool on the premises?  yes  no

Sporting or social events sponsored?  yes  no

Any structural alterations contemplated?  yes  no

Any demolition exposure contemplated?  yes  no

Has your firm been active in or is currently active  
In Joint Ventures?  yes  no

Do you lease employees to or from other Employers?  yes  no

Are any day care facilities operated or controlled?  yes  no

Any policy/coverage declined, cancelled or  
non-renewed in past 3 years?  yes  no

Any lawsuits within the last 5 years?  yes  no

**Property/Premise Information 1**

Street Address (if different from mailing address) \_\_\_\_\_

Owner\_\_\_ Tenant\_\_\_ Year Built\_\_\_\_\_

Building Value \$ \_\_\_\_\_ Contents Value\$ \_\_\_\_\_

% Occupied \_\_\_\_\_ #Floors/Stories\_\_\_\_\_

Construction Type \_\_ *Frame* \_\_ *Brick* \_\_ *Fire Resistive*

Basement Yes\_\_\_ No\_\_\_

Sprinklers Yes\_\_\_ No \_\_\_ Burglar Alarms Yes \_\_\_ No\_\_\_

If over 25 years old please provide years of updates:

Electrical:\_\_\_\_\_ Roof:\_\_\_\_\_

Plumbing:\_\_\_\_\_ Heating A/C:\_\_\_\_\_

Total Square Footage of Building:\_\_\_\_\_

Square Footage you Occupy:\_\_\_\_\_

Office located in: \_\_Office Building \_\_Personal Residence \_\_Other

Other Property (Specify)

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

Is there an additional property/premises that needs coverage? \_\_yes \_\_no

*If above is answered no then skip pages 5 and 6.*

**Property/Premise Information 2**

Street Address \_\_\_\_\_

Owner \_\_\_ Tenant \_\_\_ Year Built \_\_\_\_\_

Building Value \$ \_\_\_\_\_ Contents Value\$ \_\_\_\_\_

% Occupied \_\_\_\_\_ #Floors/Stories \_\_\_\_\_

Construction Type \_\_\_ *Frame* \_\_\_ *Brick* \_\_\_ *Fire Resistive*

Basement Yes \_\_\_ No \_\_\_

Sprinklers Yes \_\_\_ No \_\_\_ Burglar Alarms Yes \_\_\_ No \_\_\_

If over 25 years old please provide years of updates:

Electrical: \_\_\_\_\_ Roof: \_\_\_\_\_

Plumbing: \_\_\_\_\_ Heating A/C: \_\_\_\_\_

Total Square Footage of Building: \_\_\_\_\_

Square Footage you Occupy: \_\_\_\_\_

Office located in: \_\_\_Office Building \_\_\_Personal Residence \_\_\_Other

Other Property (Specify)

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

Is there an additional property/premises that needs coverage? \_\_\_yes \_\_\_no

*If above is answered no then skip page 6.*

**Property/Premise Information 3**

Street Address \_\_\_\_\_

Owner \_\_\_ Tenant \_\_\_ Year Built \_\_\_\_\_

Building Value \$ \_\_\_\_\_ Contents Value\$ \_\_\_\_\_

% Occupied \_\_\_\_\_ #Floors/Stories \_\_\_\_\_

Construction Type \_\_\_ *Frame* \_\_\_ *Brick* \_\_\_ *Fire Resistive*

Basement Yes \_\_\_ No \_\_\_

Sprinklers Yes \_\_\_ No \_\_\_ Burglar Alarms Yes \_\_\_ No \_\_\_

If over 25 years old please provide years of updates:

Electrical: \_\_\_\_\_ Roof: \_\_\_\_\_

Plumbing: \_\_\_\_\_ Heating A/C: \_\_\_\_\_

Total Square Footage of Building: \_\_\_\_\_

Square Footage you Occupy: \_\_\_\_\_

Office located in: \_\_\_Office Building \_\_\_Personal Residence \_\_\_Other

Other Property (Specify)

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

**Is there an additional property/premises that needs coverage? \_\_\_yes \_\_\_no**

**Liability**

Does the insured own or have any interest in any yes no  
Other business/property in the same legal/business  
Name not being rated for this policy?

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gross Receipts per Location Location #1: \_\_\_\_\_

Location #2: \_\_\_\_\_

Location #3: \_\_\_\_\_

Cost of Subcontracted Work Total per Location Location #1: \_\_\_\_\_

Location #2: \_\_\_\_\_

Location #3: \_\_\_\_\_

Total number of employees, except owners/partners, \_\_\_\_\_  
But including clerical staff:

Provide number of employees that are working away from the premises more than 10% of the time:

Location #1: \_\_\_\_\_

Location #2: \_\_\_\_\_

Location #3: \_\_\_\_\_

Limits requested: 500,000 1,000,000 2,000,000

**Blanket Employee Dishonesty Coverage/Welfare and Pension Plans**

Limit desired: \_\_\_\_\_

Is there an annual audit? yes no

Are checks countersigned? yes no

Are bank accounts reconciled by someone not yes no  
authorized to deposit or withdraw funds?

ERISA Plan name: \_\_\_\_\_  
Plan Assets: \_\_\_\_\_

Employee Benefit Liability coverage requested? yes no

Valuable Papers Limit: \_\_\_\_\_

This coverage includes records stored on Computer Disk therefore it will be necessary that you determine how much it would cost to Re-establish this data and input into the system. Please include that cost in the limit requested.

**Additional Comments**

Requirement: Professional Liability insurance is to be maintained as long as General Liability Coverage's are provided. Please provide the following information if your Professional Liability policy is not written through Suncoast Insurance:

Professional Liability Carrier: \_\_\_\_\_

Professional Liability Effective Dates: \_\_\_\_\_

Professional Liability Limit of Insurance: \_\_\_\_\_

Professional Liability Policy Number: \_\_\_\_\_

Current or needed coverages

- |   |  |
|---|--|
| <input type="checkbox"/> Bond                             | <input type="checkbox"/> Group Health          |
| <input type="checkbox"/> Commercial Auto                  | <input type="checkbox"/> Group Life            |
| <input type="checkbox"/> Commercial Umbrella              | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Directors and Officers Liability | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Disability                       |  |

Thank you for completing the Business Owners Package.

Please Fax application to: 813-289-4561, ATTN: Commercial Liability Dept.

Or

Mail to:  
Suncoast Insurance Associates  
ATTN: Commercial Liability Dept.  
P.O. Box 22668  
Tampa, FL 33622-2668