

GLOBAL INSURANCE AGENCY, LLC

514 Westfield Avenue

Elizabeth, NJ 07208

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BOP / COMMERCIAL PACKAGE APPLICATION

Date: _____

COMPANY'S INFORMATION

Legal Business' Name: _____

Entity Type: Sole Proprietorship____ LLC____ Corporation____ Partership____ Other: _____

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

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: _____

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).

List the Name and title of all owners and officers

Name

Title

LOCATION INFORMATION

Do you own the premises where business is located? Yes___ No___ Sq. Feet of occupied space:_____

Total Sq. Footage of Building_____ % of building vacant:_____ % of building rented as apartments:_____

Approx. Building Age_____ Year of Updates: Plumbing_____ Electric_____ Heat_____ Roof_____

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
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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_____

Please provide employee categories and annual payroll expenses per each category (Example: Clerical, Warehouse, Executives, etc)

Category/Class	No. of Employees	Annual Payroll
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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 COMMENTS:

Applicant's Name and Title

Signature & Date