

GLOBAL INSURANCE AGENCY, LLC

514 Westfield Avenue

Elizabeth, NJ 07208

Tel: (908) 469-8441 Fax: (908) 469-8460

quotes@globalinsurancenj.com

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: _____

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____ , if not Sq. Feet of rented space: _____

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

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

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:_____

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: Carpentry, Paiting, Plumbing, etc)

Category/Class

No. of Employees

Annual Payroll

CARPENTRY

PAINTING

FLOORING

DRY WALL INSTALLATION

PLUMBING

ELECTRICAL

OTHER CLASSES:

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