

# Business Owners Package Application

Check one:  Please issue a quote  Please consider this application as a request for coverage

How to request a quote or apply: complete this form, select the coverages you desire, and fax to 213-346-5946, scan and e-mail it to [CMACounty.Insurance.service@mercer.com](mailto:CMACounty.Insurance.service@mercer.com), or mail to Mercer, Attn: Association Department, 777 South Figueroa Street, Los Angeles, CA 90017. Please print or type all information. If you would like assistance completing the form, call **800-842-3761**.

1-460

## 1.) GENERAL APPLICANT INFORMATION

Requested Effective Date: \_\_\_\_\_ Named Insured is:  Individual  Corporation  Partnership  Joint Venture

Medical Specialty: \_\_\_\_\_ County Medical Association/Society: \_\_\_\_\_

Business/Corporate Name, DBA, or Your Name, if not incorporated

Federal Tax I.D. #

Name of Owners, Partners, and Corporate Officers who are active in the business, and their professional occupation.

Street Address

Daytime Phone

Fax Number

City

County

State

Zip Code

Location Address, if other than above: Please list additional locations in Remarks Section on Page 3.

Interest In Premises:

Street Address

Lessee

Owner/Occupant

Owner/Lessor

Condo Owner

City

County

State

Zip Code

## 2.) BUSINESS OWNERS PACKAGE

Indicate limits of coverage you require in addition to the limits or coverages indicated below, for each location:

PROPERTY COVERAGES		LIABILITY COVERAGES	
Includes Business Income/Extra Expense — Actual Loss Sustained —		Limits of Insurance	
<p><b>Coverage A</b> Building \$ _____ Replacement Cost</p> <p>Deductible Per Policy: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000</p> <p>Includes the following:</p> <p>Accounts Receivable ..... Minimum Included or \$ _____</p> <p>Valuable Papers ..... Minimum Included or \$ _____</p> <p>Personal Property Off Premises .... Minimum Included or \$ _____</p> <p>Computer..EDP, software ..... Minimum Included or \$ _____</p> <p>Employee Dishonesty ..... Minimum Included or \$ _____</p> <p>Water &amp; Sewer Backup ..... Minimum Included or \$ _____</p> <p>Signs ..... Minimum Included or \$ _____</p>	<p><b>Coverage B</b> Contents \$ _____ Replacement Cost</p>	<p><b>Coverage C — Business Liability Limits of Insurance</b>  <input type="checkbox"/> \$1,000,000 per occurrence/                      \$3,000,000 annual aggregate  <input type="checkbox"/> \$2,000,000 per occurrence/                      \$4,000,000 annual aggregate</p> <p><b>Includes:</b>                      Tenant's Legal Liability Minimum Included or \$ _____                      Limited Glass Coverage                      Coverage – Medical Payments \$10,000 per Person</p> <p><b>Optional:</b>                      Employee Benefits Liability \$10,000 or \$ _____                      Full Glass Coverage (Value of Glass) \$ _____                      Umbrella \$ _____ Million                      Hired and Non-Owned Auto <input type="checkbox"/> Include <input type="checkbox"/> Exclude  <input type="checkbox"/> MultiCover Endorsement  <input type="checkbox"/> Business Owners Extension Endorsement</p>	

**Additional Insureds:**

- Loss Payee     Additional Named Insured  
 Mortgagee     Leased Equipment Lessor

(If more than one, please provide name(s) and address(es) in Remarks Section on Page 3.)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Has the Insured agreed to name anyone as an Additional Insured?  
 ie: Landlord?     Yes     No

Additional Insured's interest: \_\_\_\_\_

(If more than one, please provide name(s) and address(es) in Remarks Section on Page 3.)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**Prior Carrier Information — Business Owners**

Policy Term From/To	Insurance Company	Policy Number

Any policy or coverage declined, cancelled, non-renewed or placed in a non-standard market in the past 3 years?     Yes     No    If yes, explain.

**Loss Information (list all prior claims reported to carrier within 3 years — attach list if necessary)**

Include Property and Liability.     No prior losses in 3 years.

Loss Date	Description of Loss	\$ Amount Paid	\$ Reserve	Open	Closed

To the best of your knowledge are there any incurred but not reported claims?     Yes     No    If yes, explain.

**Complete This Section for Each Location**

**Construction:**

- Frame
- Joisted Masonry
- Non-Combustible
- Masonry Non-Combustible
- Modified Fire-Resistive
- Fire-Resistive

**Building Occupancy:**

- Medical Office Bldg
- Single
- Multiple
- Strip Mall

**Is Building 75%  
Sprinklered?**

- Yes
- No

Total Bldg. Area: \_\_\_\_\_ Sq. Ft

Area Occupied by Insured: \_\_\_\_\_ Sq. Ft.

Basement(s): \_\_\_\_\_

Building • Year Building Built \_\_\_\_\_ • Number of Stories \_\_\_\_\_

**If building is more than 25 years old, have the wiring, plumbing and heating-A/C and/or roofing systems been partially or completely updated or replaced?**     Yes     No    If yes, provide the year updated or replaced:

Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_ Roof: \_\_\_\_\_ Comprehensive Renovation: \_\_\_\_\_

*Note: Comprehensive Renovation Year reflects when the building was gutted to the exterior walls and completely rebuilt with new interior walls, plumbing, heating, wiring and roof.*

**Protection**

- Number of fire extinguishers \_\_\_\_\_
- Smoke Detectors installed? .....  Yes     No  
   Hardwired? .....  Yes     No
- Burglar alarm? .....  Yes     No  
   Type:     local     silent     central station
- Fire alarm? .....  Yes     No  
   Type:     local     silent     central station

**Management**

- Year this business started \_\_\_\_\_ Year
- Total number of employees: \_\_\_\_\_ Full Time  
   \_\_\_\_\_ Part Time

