



# Consumer Select Insurance OF AMERICA

## Business Owners Policy - Application

Name of Applicant (type or print)	Name of contact	Email/Web-site	
Business Address (must include street address) List secondary address on supplement #1 item A			
City	County	State	Zip Code
Business Phone		Fax	

### 1. Type of Business

Individual     Partnership     Corporation     LLC

Other \_\_\_\_\_

A. Date Business Started: \_\_\_\_\_

B. Total Number of Owners: \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_

C. Payroll \$ \_\_\_\_\_ (excluding driver, salespeople, and clerical): \$ \_\_\_\_\_

D. Sq. Ft. \_\_\_\_\_ Sales \$ \_\_\_\_\_

### 2. Desired Coverage Limits:

Building \$ \_\_\_\_\_ Business Personal Property \$ \_\_\_\_\_

General Liability (000's)  \$500/1,000     \$1,000/2,000     \$2,000/4,000     Other \$ \_\_\_\_\_

Construction Type: <input type="checkbox"/> Frame <input type="checkbox"/> JM <input type="checkbox"/> NC <input type="checkbox"/> MNC <input type="checkbox"/> MFR <input type="checkbox"/> FR
Year Built: _____ Sprinklers Y or N    Alarm Y or N If Yes, type: _____
Updates (what year? - if over 25 years old) Wiring _____ A/C _____
Plumbing _____ Roof _____ Protection Class _____
Distance to Intracoastal, Bay Gulf or Ocean _____ miles

### Description of Insured's Operation:

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### Loss History / Prior Insurance Information:

Please provide all claims or losses (regardless of fault, or different corporation whether insured or not), Or occurrences that may give rise to claims for the prior 5 years. Initial here if none \_\_\_\_\_

Any policy ever been declined, cancelled or non-renewed during the past 5 years?     No     Yes

If yes, please explain.

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