

# Accountants ProtectionPlus Business Insurance Application

Plan Administrator:



1200 E. Glen Ave., Peoria Heights, IL 61616-5348  
Questions: Please call 888.619.1914

## APPLICANT INFORMATION

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Desired Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Company: \_\_\_\_\_

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

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

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

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

## BUSINESS DESCRIPTION

Legal Entity:  Corporation  LLC  Partnership  Individual  Other: \_\_\_\_\_

Please provide a complete description of your business: \_\_\_\_\_

Year Business Purchased/Began: \_\_\_\_\_ Federal Employer ID Number (FEIN), if applicable: \_\_\_\_\_

Do you perform investment services? .....  Yes  No

Are there any other businesses that are owned or operated by you that are not to be covered by this policy? .....  Yes  No

*If yes, please describe on a separate page.*

If the business was established less than 3 years ago, how many years of management experience do you have? \_\_\_\_\_

## PROPERTY AND COVERAGE INFORMATION

**Please tell us about each of your locations. (Please copy and complete for each additional location. Use as many pages as needed.)**

Location Number: \_\_\_\_ of \_\_\_\_ Is the location address the same as the company address? .....  Yes  No

*If no, please enter the building address.* Address: \_\_\_\_\_

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

Sq. ft. occupied by you: \_\_\_\_\_ What year was the building built? \_\_\_\_\_

Please enter the year any updates were made to the building. Rewired: \_\_\_\_\_ Reroofed: \_\_\_\_\_

Building Limit (for commercial property only): \$ \_\_\_\_\_

*Additional info needed if building owner.*

Business Personal Property Limit: \$ \_\_\_\_\_ or \_\_\_\_ \$1,000 Minimum Vacant acreage on premises?  Yes  No *If yes, how many acres:* \_\_\_\_\_

Description: \_\_\_\_\_

Are there any manufacturing chemicals, plastics, oil, gas, wood products, or lumberyard exposures within 75 feet? .....  Yes  No

How many stories? \_\_\_\_ Approx. total building sq. ft.: \_\_\_\_ Is building completely occupied?  Yes  No *If no, what percentage:* \_\_\_\_ %

**PROPERTY AND COVERAGE INFORMATION** (continued)

Are there other businesses in the same building?  Yes  No *If yes, please provide a complete description of the other businesses:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the type of building construction (check only one):  Frame  Joisted Masonry  Non-Combustible  
 Masonry Non-Combustible  Fire Resistive

Is your building 100% sprinklered?  Yes  No For this building, are you the  Owner?  Tenant?

Deductible (please choose one):  \$500  \$1,000  \$2,500 Business Personal Property Limit: \$ \_\_\_\_\_ or \_\_\_\_\_ \$1,000 Minimum

Estimate annual sales: \$ \_\_\_\_\_ Estimate annual payrolls: \$ \_\_\_\_\_

Number of full-time employees: \_\_\_\_\_ Number of part-time employees: \_\_\_\_\_

**COVERAGE REQUESTED**

General Liability:  \$1,000,000/\$2,000,000  \$2,000,000/\$4,000,000

**Please complete the sections below for additional quotes.**

**ADDITIONAL INTERESTS (MORTGAGEE, LOSS PAYEE, ADDITIONAL INSURED)**

Name & Address: \_\_\_\_\_

Insured: \_\_\_\_\_ Relationship with: \_\_\_\_\_

**UMBRELLA LIABILITY**

This coverage provides your firm additional liability protection.

Please choose one coverage amount:  \$1M  \$2M  Greater than \$2M Desired Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**WORKERS COMPENSATION**

Please contact your representative for additional information.

**EMPLOYMENT PRACTICES LIABILITY INSURANCE (EPLI)**

If you employ one or more employees you are at risk for an employment practice liability claim.

Examples of EPLI claims include: Wrongful termination, Sexual Harassment, Discrimination, Failure to Promote

Please indicate if you are interested in receiving an indication for EPLI? .....  Yes  No  
*If yes, please contact your representative for additional information.*

**EMPLOYMENT RETIREMENT INCOME SECURITY ACT (ERISA)**

Please contact your representative for additional information.

**COMMERCIAL AUTO**

Does your business own/lease any auto(s) in which your business is listed on the title?.....  Yes  No  
*If yes, and you are interested in receiving a quote, please attach a current copy of your auto declaration page including a schedule of covered autos.*

**CLAIMS INFORMATION**

Have there been any claims or loss occurrences in the last 3 years?  Yes  No Occurrence/Loss Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Description of Occurrence/Loss: \_\_\_\_\_

Amount Incurred (Paid + Reserve): \$ \_\_\_\_\_

During the past 5 years, have you had any bankruptcies, or tax or credit liens? .....  Yes  No

Has Insurance coverage been cancelled, declined, or non-renewed in the last 3 years? .....  Yes  No

- Prior Carrier Retired from Market or Insolvent
- Non-Pay Cancellation-1 Occurrence in last 3 years
- Other Carrier "Class of Business" Appetite/Eligibility
- Other: \_\_\_\_\_
- Prior Carrier No Longer Writing Class of Business
- Non-Pay Cancellation-2 or more Occurrences in last 3 years
- Agent No Longer Represents Prior Carrier

**APPLICATION FRAUD WARNING**

Any person who knowingly and with the intent to defraud any insurance company or another person files an application containing materially false information, or conceals for the purpose of misleading, information concerning any fact material there to, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: Substantial) civil penalties. Duty of Disclosure: In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide the insurers. In this respect, you must provide all information relating to the risk, whether favorable or not, which would influence the judgment of prudent insurer in determining whether they will take the risk, and, if so, for what premium and on what terms.

If all such information is not disclosed by you, insurers have the right to void the contract from its commencement which may lead to claims not being met.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Please submit your completed application to your Accountants ProtectionPlus sales representative or call **888.619.1914**.