

# BOP ~ Quick Quote Form

To

**A**

Art Hollingsworth Insurance Agency  
License # 0352964  
(707) 584-5828 / fax

Agent

**Please provide a quote  
for the following risk:**

**Named Insured(s)** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ Insured's Phone \_\_\_\_\_

\_\_\_\_\_ No. of years insured has been in this business      \_\_\_\_\_ Years experience in this field

Insured's Interest      \_\_\_ Owner Occupant      \_\_\_ Tenant only

Named Insured is      \_\_\_ Individual      \_\_\_ Partnership      \_\_\_ Corporation

Type of Policy      \_\_\_ Standard (Name Perils)      \_\_\_ Special (All Risk)

Number of outside salespersons \_\_\_\_\_ (more than 5 are not eligible)

Describe any losses in the last 3 years at each location. Include date, type of loss & Amount Paid:

Business Liability      \_\_\_ \$1,000,000      \_\_\_ \$2,000,000

Describe Business \_\_\_\_\_

Business Personal Property      \$ \_\_\_\_\_      Year Built \_\_\_\_\_

Personal Property of Others      \$ \_\_\_\_\_      No. of Stories \_\_\_\_\_

Annual Sales / Receipts      \$ \_\_\_\_\_      Area (sq. ft.) \_\_\_\_\_

Construction \_\_\_\_\_

Protection Class \_\_\_\_\_      Sprinkler System (circle one)      Yes      No