

BOP ~ Quick Quote Form

Agent Name	hollingsworthinsurance.com License Number 6009509 FAX to (707) 584-5828 or email to ron@hollingsworthinsurance.com (623) 636-0977 / Ron's cell http://hollingsworthinsurance.com/bop_form.htm
Agent Phone	

Please provide a quote for the following risk:

Named Insured(s) _____

Address _____

Insured Telephone Number(s) _____

Describe Business _____

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 _____

Losses during the past 3 years (date, amount, details for each loss) _____

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

Deductible \$500 _____ \$1,000 _____ \$2,000 _____ \$5,000 _____

Building Coverage _____ Sprinkler System Y / N _____

Business Personal Property _____ Year Built _____

Personal Property of Others _____ Number of Stories _____

Annual Sales / Receipts _____ Area (sq. ft.) _____

Payroll _____

Construction _____ Protection Class _____

Comments / Questions