



**BUSINESSOWNERS INSURANCE APPLICATION**

The Philadelphia Insurance Companies Businessowners program is for entities which have Directors and Officers Liability coverage or a Professional Liability policy with our company. Please confirm that you are an applicant/insured under one of these Philadelphia Insurance Companies programs, and that you understand BOP is only available to you as a customer of one of these programs.  I agree

**Type of corresponding insurance:**

- Professional Liability for Specified Professions
- Lawyers Professional Liability
- For Profit Directors & Officers Liability
- Accountants Professional Liability
- Non Profit Directors & Officers Liability
- Allied Healthcare Provider

**Program Eligibility Requirements:**

- Office-based businesses only
- Maximum allowable square footage- 5,000 square feet

**BUILDING COVERAGE IS NOT OFFERED UNDER THIS PROGRAM**

1. Named Insured: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

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

3.  Corporation  Partnership or Joint Venture  Limited Liability Corporation  Sole Proprietorship  
 Other \_\_\_\_\_ FEIN: \_\_\_\_\_ SIC Code: \_\_\_\_\_

4. Location address (if other than above mailing address): \_\_\_\_\_

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

5. Please list any additional offices on an attached sheet.  Check here if there are locations attached.

6. Prior Insurance Carrier: \_\_\_\_\_ Effective Dates: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

7. Was prior insurance coverage a  Businessowners Policy or a  Package Policy

8. Loss History: Total number of claims in the past 3 Years: \_\_\_\_\_

Date	Type/Description	Amount Paid	Amount Reserved	Open/Closed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

