DEANS & HOMER
ESTABLISHED IN 1856

CLEAR ALL PRINT

CBOP –Supplemental Underwriting Information

Date Completed: _____

General Information

Producer's Name: _____ Agency: _____

Applicants Name _____

How long have you known the insured? _____ Is this new business to you? ____ If yes, source of business: _____

When did you last see the properties? _____ Are any of the buildings vacant or partially vacant? ____

Does the insured, or a business owned by the insured, occupy any part of the building or buildings? ___

Section I – Property *(Please complete a separate form - Property section only - for each location)* **Location Number:** ___

Premises Address: _____
(Street) (City) (State) (ZIP)

Optional Coverages, subject to eligibility:

- ❑ Increased deductible amount: ◯ $500 ◯ $1,000 ◯ $2,500 ◯ $5,000 ◯ $10,000
- ❑ Do you want coverage limits to be blanketed with other locations? _____ (Yes/No)
- ❑ Increased Cost of Construction Limits Requested? ($100,000 Included) $_____
- ❑ Equipment Breakdown Coverage? _____(Yes/No) (This coverage is not available in Oregon or Washington)
- ❑ Earthquake Sprinkler Leakage Coverage?_____(Yes/No)

Premises with multiple occupancies:
Please indicate the various occupancies (e.g. restaurant, office, clothing store, woodworker) and the approximate square footage of each.

Occupancy Class	Square Footage

Sprinkler Rate Modification (Complete only if applicable to risk):
% of building area protected by an automatic fire sprinkler system? _____%

Section II – Liability
Premises Liability, Personal Injury and Advertising Injury Liability / Occurrence/Aggregate Limit Options:

- ◯ $300,000/$1,000,000
- ◯ $500,000/$1,500,000
- ◯ $1,000,000/$3,000,000
- ◯ $2,000,000/$4,000,000
- ◯ $3,000,000/$4,000,000
- ◯ $4,000,000/$4,000,000
- ◯ $5,000,000/$5,000,000

☐ Non-Owned Auto Liability (occurrence limit the same as premises liability occurrence limit)
☐ Hired Auto Liability (occurrence limit the same as premises liability occurrence limit)
☐ Medical Payments $1,000/$25,000 (no options for additional coverage)

FRAUD STATEMENT: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.