

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 (select one)

- \$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)

WASHINGTON 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.