

NANPA Business Owners Policy Application

Applicant Name _____

Address _____

Contact Name (if different from Applicant) _____

Phone _____ Cell _____

Email _____

Effective Date _____ Years in Business _____

Experience _____

Individual _____ Corporation _____ LLC _____ Other _____

Nature of Business: _____

of Employees _____

Total Sales _____ Total Revenue _____

Previous Insurance Company _____

Policy # _____ Premium _____

Loss History _____

Liability Limits (choose one): \$500,000 _____ \$1,000,000 _____ \$2,000,000 _____

Non-Owned & Hired Auto _____

Business Personal Property Limit _____ Property Deductible _____

Building Owner Y _____ N _____ Tenant Y _____ N _____

Additional Insured: _____

Property Information:

Area _____ # of Stories _____ Basement? _____ Yr Built _____

Construction _____

Construction Updates _____

Other Occupancy _____

Alarm System _____ Fire Protection/Sprinkler _____

Applicant's Signature _____ Date _____