

BUSINESSOWNERS (BOP) APPLICATION CHECKLIST

GENERAL INFORMATION

1. **Complete all sections of the application. Incomplete applications will be returned.** Depending on the location of the property, the names of three (3) carriers declining to insure the property may be required. Please refer to our website at www.cfpnet.com under Eligible Areas. Duplicate insurance is not permitted.
2. Answer all questions on property damage losses. Buildings with unrepaired damage are not eligible for BOP coverage but may be eligible for a Commercial Fire policy if a fully signed repair contract with a licensed contractor is submitted with the application.
3. Buildings are typically covered on a Replacement Cost basis. Actual Cash Value (ACV) coverage can be requested by the applicant or broker. If the buildings are over 25 years of age, the roof, wiring, plumbing and heating must be updated in the past 25 years to qualify for Replacement Cost coverage.
4. Buildings which are substantially vacant or unoccupied (over 50%) are not eligible for coverage under the BOP program but may be eligible under the Commercial Fire program.
5. A fully completed and signed application can be faxed to (213) 252-8084 or emailed to cfpuw@cfpnet.com.

GENERAL GUIDELINES

1. The BOP policy is designed for small to medium size businesses. Coverage can be provided for eligible retail, office, service, and processing risks; for either the tenant conducting the business or the owner of the building. Owners of apartment buildings are eligible for coverage provided the building is no more than six (6) stories in height and contains no more than 60 dwelling units.
2. Multiple buildings at the same location can be insured on one policy. Be sure to list all buildings on the application. If insurance is required for buildings, structures, or business personal property at different locations, submit a separate application for each location address.

COVERAGES AVAILABLE

1. Standard Coverages Available include: Fire, Lightning, Explosion, Windstorm or Hail, Smoke, Aircraft or Vehicles, Riot or Civil Commotion, Vandalism, Sprinkler Leakage, Sinkhole Collapse, Volcanic Action, Transportation of Covered Property in Course of Transit, Business Liability, and Medical Expenses. See policy for any limitations of coverage.
2. Additional coverages include: Debris Removal, Preservation of Property, Fire Department Service Charge, Business Income, Extra Expense, and Pollutant Clean Up and Removal. See policy for any limitations of coverage.
3. Optional Coverages Available (subject to meeting any Underwriting requirements): Burglary and Robbery (including Money and Securities). See policy for any limitations of coverage.

**CALIFORNIA FAIR PLAN PROPERTY INSURANCE
APPLICATION FOR BUSINESSOWNERS (BOP) INSURANCE**

DATE (MM/DD/YYYY)

California FAIR Plan Property Insurance
P.O. Box 76924, Los Angeles, CA 90076-0924
3435 Wilshire Blvd., Suite 1200
Los Angeles, CA 90010
Telephone: (213) 487-0111
Web Site: www.cfpnet.com

IMPORTANT - PLEASE READ

THIS DOES NOT CONSTITUTE A BINDER. DO NOT SUBMIT ANY MONEY WITH THIS APPLICATION.

THIS APPLICATION WILL BE THE BASIS FOR ANY POLICY ISSUANCE AND THE ACCEPTANCE OR REJECTION OF COVERAGE. IT IS THE RESPONSIBILITY OF THE APPLICANT AND THE APPLICANT'S REPRESENTATIVE TO MAKE SURE THAT THE INFORMATION SUBMITTED IS IN ALL RESPECTS ACCURATE. PROPERTY INSPECTIONS WHEN MADE ARE ONLY FOR THE PURPOSE OF DETERMINING THE PHYSICAL CONDITION OF THE PROPERTY.

ALL ITEMS MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL BE RETURNED.

APPLICANT INFORMATION (If not legal title holder, explain in Remarks) BROKER INFORMATION

FIRST	MIDDLE	LAST	NAME		
FIRST	MIDDLE	LAST	ADDRESS		
MAILING ADDRESS			CITY	STATE	ZIP
CITY			TELEPHONE #		
STATE	ZIP		LICENSE #	FED ID OR SOC SEC #	

GENERAL INFORMATION

Nature of Business	<input type="checkbox"/> Apartment <input type="checkbox"/> Eligible Processing	<input type="checkbox"/> Office Building	<input type="checkbox"/> Condominium (Association Risk Only) <input type="checkbox"/> Eligible Service	<input type="checkbox"/> Mercantile
Applicant's Operation / Occupancy				
Premises / Location ADDRESS				
CITY	COUNTY	STATE	ZIP (MUST BE INCLUDED)	
Named Applicant <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Explain):				
Applicant Interest <input type="checkbox"/> Lessor <input type="checkbox"/> Owner/Occupant <input type="checkbox"/> Tenant <input type="checkbox"/> Association			Hours of Operation From <input type="text"/> a.m. <input type="text"/> p.m. To <input type="text"/> a.m. <input type="text"/> p.m.	
Building Updates <input type="checkbox"/> YES <input type="checkbox"/> NO	Year Reroofed	Year Rewired	Year Replumbed	Year Heating Updated
Smoke Detectors <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of Fire Extinguishers			
Is building under renovation? If, "YES", explain. <input type="checkbox"/> YES <input type="checkbox"/> NO				
Has the property been the subject of any health or safety investigations or citations from any governmental authorities within the last three years? If, "YES", please provide a full description. <input type="checkbox"/> YES <input type="checkbox"/> NO				
Any unrepaired damage? If, "YES", explain. <input type="checkbox"/> YES <input type="checkbox"/> NO				

PRIOR INSURANCE AND LOSS INFORMATION

YEAR	PREVIOUS CARRIER	POLICY NUMBER	CANCELLATION/TERMINATION DATE	REASON FOR TERMINATION		
1. Has the FAIR Plan ever refused coverage, cancelled coverage, or non-renewed coverage at this location? If "YES", give policy number and reason. <input type="checkbox"/> YES <input type="checkbox"/> NO						
2. Has any proposed insured, or the property sought to be insured, been the subject of any claim or suit within the last three years? If "YES", complete the following: <input type="checkbox"/> YES <input type="checkbox"/> NO						
DATE OF OCCURRENCE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM OPEN	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO

LIMITS OF INSURANCE

Property Coverage - One location per policy. Coverage for multiple buildings at same described premises is available for eligible occupancy.

For building coverage, select either Replacement Cost (RC) or Actual Cash Value (ACV).

BLDG.	RC	ACV	BPP	COIN.	POL. DED.	A/S	P/C	YEAR BUILT	CONST.	# STORIES	OCCUPANCY (Description of Operations)	PERCENT VACANT
#1	\$		\$		\$							
#2	\$		\$		N / A							
#3	\$		\$		N / A							
#4	\$		\$		N / A							
TOTAL	\$		\$		N / A							

BPP: Business Personal Property Coinsurance: 80% (std) - 90% - 100% Deductible: \$500 (std) - \$1,000 - \$2,500 A/S: Fully Sprinklered P/C: Protection Class
 Construction: Frame (1) - Joisted Masonry (2) - Noncombustible (3) - Masonry Noncombustible (4) - Fire Resistant (5)

Business Personal Property Coverage - Seasonal Increases

The limit of insurance for BPP will automatically increase by 25% for seasonal variations in stock values while insured at 100% of the average monthly values.

Average Monthly Value of Stock: \$ _____

Maximum Value of Stock: \$ _____

Business Liability

Business Liability - \$300,000 per Occurrence, \$600,000 Aggregate Limit Medical Payments - \$5,000 per Person
 Products Liability - \$300,000 per Occurrence, \$300,000 Aggregate Limit Fire Legal Liability - \$50,000 per Fire or Explosion

OPTIONAL COVERAGES: BURGLARY AND ROBBERY

Check if Selected

Burglary and Robbery: (Deductible \$500)

- 25% of Business Personal Property Limit or \$15,000, whichever is less.

Money and Securities:

- \$5,000 on Premises / \$2,000 off Premises

Maximum Cash on Premises \$	Maximum Cash with Messengers \$	Maximum Cash on Premises Overnight \$
Daily Deposits Made <input type="checkbox"/> YES <input type="checkbox"/> NO	Frequency of Deposits	
Safe Class	Manufacturer	<input type="checkbox"/> Key Lock <input type="checkbox"/> Combination Lock
Burglary Protection	Dead Bolt Locks <input type="checkbox"/> YES <input type="checkbox"/> NO	Bars on Windows <input type="checkbox"/> YES <input type="checkbox"/> NO
Skylights on Roof <input type="checkbox"/> YES <input type="checkbox"/> NO	Describe Protection	
Alarm Type	<input type="checkbox"/> Sensor Motion	<input type="checkbox"/> Local Gong <input type="checkbox"/> Central Station
U.L. Approved <input type="checkbox"/> YES <input type="checkbox"/> NO	Certificate Number (Attach Copy of Certificate)	
Alarm Manufacturer	Installed and Serviced By	

SERVICES / RETAIL / PROCESSING

Nature of Operation / Product Description	
Annual Gross Sales \$	Total Square Feet Occupied by Applicant
Percentage of Business Done by Applicant in Service and Installation? %	Percentage of Receipts from Off Premises Operations? %
Any alcoholic beverages sold or consumed on premises? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do alcohol sales exceed 15% of gross sales? (including beer and wine) <input type="checkbox"/> YES <input type="checkbox"/> NO	

OFFICE BUILDINGS (Lessor's Risk)

Total Building Area	Any Mercantile Occupancies <input type="checkbox"/> YES <input type="checkbox"/> NO
List Commercial Operations and Area Occupied.	

APARTMENT BUILDINGS

Number of Units		
Swimming Pool? If "YES", how many. <input type="checkbox"/> YES <input type="checkbox"/> NO # of pools: _____	Pool Areas Fenced with Self-Latching Gate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Safety Rules Posted in Area? <input type="checkbox"/> YES <input type="checkbox"/> NO
Smoke / Fire Alarms in All Units? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type <input type="checkbox"/> Hardwired <input type="checkbox"/> Battery	Conditions of Floor, Stairs, Sidewalks, Parking Area? <input type="checkbox"/> Good <input type="checkbox"/> Fair
Does Applicant Have Contract for Security? <input type="checkbox"/> YES <input type="checkbox"/> NO	Any Office Occupancy? (Give square feet) <input type="checkbox"/> YES <input type="checkbox"/> NO _____ sq. ft.	
Any Business Operations on Premises? If "YES", list and give square feet. <input type="checkbox"/> YES <input type="checkbox"/> NO		

MORTGAGEE / LOSS PAYEE / ADDITIONAL INTEREST

<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured - Mgrs. or Lessors of Premises <input type="checkbox"/> Additional Insured - Co-Owner of Insured Premises <input type="checkbox"/> Additional Insured - Lessor of Leased Equipment <input type="checkbox"/> Certificate of Insurance Required <input type="checkbox"/> Other: _____	
NAME AND ADDRESS	BUILDING #
	LOAN #
<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured - Mgrs. or Lessors of Premises <input type="checkbox"/> Additional Insured - Co-Owner of Insured Premises <input type="checkbox"/> Additional Insured - Lessor of Leased Equipment <input type="checkbox"/> Certificate of Insurance Required <input type="checkbox"/> Other: _____	
NAME AND ADDRESS	BUILDING #
	LOAN #

REMARKS**INSPECTION CONTACT**

Name and daytime telephone number of person who will accompany inspector during normal business hours?	
Name	Daytime Phone Number or Cell Phone Number

CERTIFICATION (Signature Required)

I am the applicant or authorized representative of the applicant. I have examined the entire application and provided the required information, which is correct to the best of the applicant's knowledge.

I hereby certify that I am aware (or, if the broker, that I made the applicant aware) (1) that the FAIR Plan does not pay more for any loss than the policy limits requested in this application and stated in the policy issued; (2) that there are resources available that may help determine the adequacy of the policy limits requested in this application; and (3) that any inadequacy of the insurance ordered by this application is not the responsibility of the FAIR Plan.

 Signature of the Broker or Applicant

 Date

DEEMER PROVISION

If, through no fault of the applicant, acceptance or rejection of an application is not made by the FAIR Plan within twenty (20) days after the date the completed application is received in the FAIR Plan office, the coverage requested in the application is deemed to be effective on the twenty-first day after such receipt, provided that a provisional deposit premium of twenty-five dollars is received in the FAIR Plan office within forty-five days from the date the application is received in the FAIR Plan office. If the deposit premium is not received in the FAIR Plan office within such forty-five (45) day period, no coverage shall be deemed ever to have become effective and a new application must be submitted. Send no money with the application. The FAIR Plan will notify you by letter and include the date of the application's receipt if the FAIR Plan is unable to quote by the twentieth (20) day.