



Phone: 925-677-7400

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**Business Office Policy (BOP) Exposure List**

Named Insured \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Location Address \_\_\_\_\_

Phone# \_\_\_\_\_

Fax # \_\_\_\_\_

Email \_\_\_\_\_

Tax ID (FEIN) \_\_\_\_\_

Business Type \_\_\_\_\_

(LLC, Corporation, Sole Proprietor)

Years in Business \_\_\_\_\_

Years Industry Experience \_\_\_\_\_

Payroll \_\_\_\_\_

Revenue /Income \_\_\_\_\_

Business Personal Property \_\_\_\_\_

Square Feet Rented \_\_\_\_\_

Building - Year Built \_\_\_\_\_

Construction \_\_\_\_\_

# of Stories \_\_\_\_\_

Is it Sprinklered \_\_\_\_\_

Is there a Alarm \_\_\_\_\_

Circuit Breakers or Fuses \_\_\_\_\_

Are the any updates & year \_\_\_\_\_

(Roof, plumbing, wiring)

Landlord Contact & Address \_\_\_\_\_

Property Manager Contact & Address \_\_\_\_\_

Current Carrier \_\_\_\_\_

Current Premium \_\_\_\_\_

Effective Date \_\_\_\_\_

Any Losses (Describe) \_\_\_\_\_

(Please Provide at least 4 Loss Runs )