Business Owners Package Premium Indication Form

Sponsored by the California Optometric Association. Fax this form to: **213-346-5946** or call: **800-775-2020**

Member Information

Optometrist Name ____________________

Practice Name ____________________

Address ____________________

City ____________________ State ______ ZIP ____________

Phone (________) ____________________ Fax (________) ____________________

E-mail Address ____________________ Contact ____________________ Best time to call __________

How long have you owned your practice? ____________________

Is your practice in a retail store? (i.e., Sears, Walmart, etc.) If "Yes," name of store: ____________________

Business Owners Package *For a premium indication, please include the following information:*

Business type: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other (describe) ____________________

Limits: ☐ $2 million/$4 million ☐ $1 million/$3 million

Deductible options: ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000

Annual receipts ____________________

Number of full-time optometrists ________ Number of part-time optometrists ____________________

Total number of employees: Full-time ____________________ Part-time ____________________

Current policy expiration date ____________________ Current carrier ____________________

Any claims in the last 3 years? ☐ Yes ☐ No Business Personal Property $ ____________________

Check one: ☐ Tenant ☐ Condo owner ☐ Building owner—Building limit if owner $ ____________________

Square footage of building ____________________ of office ____________________

Occupancy: ☐ Single ☐ Multiple If multiple, list other occupants ____________________

Sprinklered: ☐ Yes ☐ No Alarm: ☐ Yes ☐ No Age of Building ____________________

Building construction: ☐ Frame ☐ Joisted Masonry ☐ Masonry Noncombustible ☐ Noncombustible ☐ Fire Resistive

Extended glass coverage needed? ☐ Yes ☐ No If "Yes," value of glass $ ____________________

Signature

I authorize Marsh to obtain a Business Owners Package insurance premium indication(s) on my behalf:

Signature **X** ____________________ Date **X** ____________

Sponsored by:

Underwritten by:

ZURICH Small Business

Administered by:

MARSH

The insurance policy, not this letter, forms the contract between the insured and the insurance company. The policy may contain limits, exclusions and limitations that are not detailed in this letter. Coverages may differ by state.

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