



# Big "I" – RLI Agency Package Business Owners Policy Application



Independent Insurance Agents  
& Brokers of America, Inc.

1. Do these statements accurately describe your firm?
- Our firm is a Big "I" member.
  - Real-estate operations account for less than 10% of total revenue.
  - We do not provide any property management services to our clients.
  - Our firm does not offer claim adjusting as a service to our clients.
  - Our firm doesn't sell a physical product.
- Yes these statements accurately represent your firm. Please complete the application below for a business owners quote.
- No these statements do not accurately represent your firm. Please contact your Big "I" representative for more information.

2. \*Proposed Effective Date: \_\_\_\_\_ \* Denotes required fields
3. \*Named Insured: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_
4. \*Mailing Address: \_\_\_\_\_ \*Website: \_\_\_\_\_
5. \*Entity Type:  Sole Proprietor  Partnership  Corporation  LLC/LLP  Other: \_\_\_\_\_
6. \*Date Firm Established: \_\_\_\_\_  
(Note: if the firm was established less than 5 years prior to today please provide resume(s) for the officers.)
7. \*Estimated Annual Revenues: \_\_\_\_\_
8. Current BOP Carrier: \_\_\_\_\_
9. \*Professional Liability Coverage: \_\_\_\_\_ \*Current Professional Liability Coverage: \_\_\_\_\_  
\*Effective/Expiration Dates: \_\_\_\_\_ \*Limits: \_\_\_\_\_
10. \*Loss History:  No losses  5 year loss runs attached.  Quote subject to acceptable loss history.  
(Note: Five year loss history is required for binding. If there are no losses, a signed letter from the insured verifying no losses in 5 years is acceptable.)

<b>General Liability Coverages</b>
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11. \*Liability Limits:  \$500,000 Occurrence / \$1,000,000 Aggregate  
 \$1,000,000 Occurrence / \$2,000,000 Aggregate  
 \$2,000,000 Occurrence / \$4,000,000 Aggregate
12. Optional Liability Coverages:
- Hired/Non-owned Liability      Number of Employees: \_\_\_\_\_      Annual cost for auto rental: \_\_\_\_\_
- Hired Auto Physical Damage
- Employee Benefits Liability      Employee Benefits Retro Date: \_\_\_\_\_      Limit: \_\_\_\_\_
- Employment-Related Practices Liability       \$25,000       \$50,000       \$75,000       \$100,000
- For EPLI limits over \$25,000 please complete an EPLI supplemental application.

<b>Property Coverages</b>
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13. \*Property Deductible:  \$500       \$1,000       \$2,500       \$5,000
14. Increased Property Limits: (The limit shown in parenthesis is included automatically.)
- Accounts Receivable (\$250,000): \_\_\_\_\_
- Employee Dishonesty (\$50,000): \_\_\_\_\_      Number of Employees: \_\_\_\_\_
- ERISA (\$100,000): \_\_\_\_\_
- Valuable Papers (\$100,000): \_\_\_\_\_
- Fine Arts (\$100,000): \_\_\_\_\_
- Other property coverages not listed above: \_\_\_\_\_

**Location Information**

15. \*Location Address (If different from mailing): \_\_\_\_\_
16. Building Limit: \_\_\_\_\_ \*Business Contents Limit: (Include value of computer hardware, software, improvements & betterments): \_\_\_\_\_
17. Building Updates: Roof: \_\_\_\_\_ Electrical: \_\_\_\_\_ Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_
18. \*Construction Type:  Frame  Joisted Masonry  Non-Combustible  Masonry Non-Combustible  Fire Resistive
19. Occupancy:  Owner  Tenant
20. \*Year Built: \_\_\_\_\_ Number Of Stories: \_\_\_\_\_
21. Square Footage: \_\_\_\_\_ \*Occupied Square Footage: \_\_\_\_\_
22. Do you have tenants?  Yes  No If "Yes," please specify the following:
- Who are the tenants? \_\_\_\_\_
  - What are the operations? \_\_\_\_\_
  - What square footage does the tenant occupy? \_\_\_\_\_
23. Operational Sprinkler System:  Yes  No
24. Central Station Alarm System: Fire  Yes  No Burglar  Yes  No
25. Additional Interests: Mortgagee, Loss Payee, etc.

Name	Address	Interest

\_\_\_\_\_  
NAME OF APPLICANT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE



# Big "I" – RLI Agency Package Excess Policy Application



Independent Insurance Agents  
& Brokers of America, Inc.

1. Proposed Effective Date: \_\_\_\_\_
2. Named Insured: \_\_\_\_\_
3. Loss History:
  - No losses (Note: Have insured sign a statement of no losses if bound.)
  - 5 year Loss runs attached.
  - Quote subject to acceptable loss history.

(Note: Five year loss history is required for binding. If there are no losses, a signed letter from the insured verifying no losses in 5 years is acceptable.)

<b>Excess Limits</b>
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4.
 

<input type="checkbox"/> \$1 million	<input type="checkbox"/> \$6 million
<input type="checkbox"/> \$2 million	<input type="checkbox"/> \$7 million
<input type="checkbox"/> \$3 million	<input type="checkbox"/> \$8 million
<input type="checkbox"/> \$4 million	<input type="checkbox"/> \$9 million
<input type="checkbox"/> \$5 million	<input type="checkbox"/> \$10 million

<b>Rating Information</b>
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5. Number of Autos: \_\_\_\_\_ (Only needed if the insured has a commercial auto that RLI is not quoting.)

<b>Underlying Information</b>
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Line of Business	Carrier	Effective Dates	Limits
Employers Liability (If not written by RLI)			
Commercial Auto Liability (If not written by RLI)			
Employee Benefits Liability			

- Note:
- If the commercial auto is written with another carrier, we still require a full submission including coverage specifications, schedule of autos, loss runs, and driver’s information to verify eligibility.
  - In the state of Illinois, if the Employers Liability coverage is with another carrier then the Employers Liability limits must be a minimum of \$1M/\$1M/\$1M.

_____	_____	_____
<b>NAME OF APPLICANT</b>	<b>TITLE</b>	<b>DATE</b>



# Big "I" – RLI Agency Package Workers Compensation Policy Application



Independent Insurance Agents  
& Brokers of America, Inc.

1. Proposed Effective Date: \_\_\_\_\_
2. Named Insured: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Entity Type:  Sole Proprietor  Partnership  Corporation  LLC/LLP  Other: \_\_\_\_\_
5. Current Carrier: \_\_\_\_\_
6. Audit Contact Name: \_\_\_\_\_
7. Loss History:  No losses (Note: Have insured sign a statement of no losses if bound.)  
 5 year Loss runs attached.  
 Quote subject to acceptable loss history.  
 (Note: Five year loss history is required for binding. If there are no losses, a signed letter from the insured verifying no losses in 5 years is acceptable.)
8. Federal Employers ID Number: \_\_\_\_\_ Experience Mod: \_\_\_\_\_
9. NCCI Risk ID Number (If available): \_\_\_\_\_
10. Other Bureau ID or State Employer Registration Number (If available): \_\_\_\_\_
11. Does the applicant own, operate or lease aircraft?  Yes  No

<b>Employers Liability Limits</b>
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12.  \$100,000 Each Accident / \$500,000 Policy Limit Disease / \$100,000 Each Employee Disease
13.  \$500,000 Each Accident / \$500,000 Policy Limit Disease / \$500,000 Each Employee Disease
14.  \$1,000,000 Each Accident / \$1,000,000 Policy Limit Disease / \$1,000,000 Each Employee Disease

<b>Optional Coverages</b>
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15. Waiver of Subrogation  Blanket  Specific
16.  Voluntary Compensation
17.  U.S.L. & H.
18.  Other Coverage: \_\_\_\_\_

\*Note: the payroll figures below should include commissions paid to contract producers who don't have their own workers' comp insurance.

	Location Address	# of EEs	Class Code/Duties	Estimated Payroll
1				\$
2				\$
3				\$
4				\$
5				\$

<b>Officer, Partners &amp; Individuals To Be Included Or Excluded</b> (If including, please add payroll to appropriate class code above.)
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Name	Title	Class Code/Duties	Include Or Exclude	Ownership Percentage

\_\_\_\_\_

**NAME OF APPLICANT** **TITLE** **DATE**