



Association Member Benefits Advisors, LLC.

For office use only

- A. Please type or print clearly in ink.
- B. All applicants should complete Section 1-Business Information. Complete Section 2-Business Owners Package and/or Section 3-Worker's Compensation if coverage is desired.
- C. Provide a copy of your expiring Declarations page for each selected coverage as well as any optional coverage and/or schedule pages.

If you need additional space, please continue on a separate sheet of your business letterhead.

Supplemental information may be required.

Would you like to add employee dishonesty coverage? ☐

Would you like to add cyber coverage? ☐

Contact information:

Business Name: _____

Mailing Address: _____

Location Address: _____

(include county) _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Website Address: _____

Section 1-Business Information

Detailed business description that includes all operations: _____

Professional Organization Memberships: _____

Association Type (please select one): Civic _____ Trade _____ Business _____ Professional _____ Other (please explain) _____

Estimated Annual Revenue: \$ _____ Estimated Operating Budget: \$ _____

Number of years in business: _____

Number of total W2 employees/1099 contractors/volunteers: _____

Number of years of experience in field: _____

Do you own or operate any other business other than the business listed above? ☐ Yes ☐ No If yes, describe operations: _____

Are operations of the business based at the business location or at a remote location? _____

Section 2-Business Owners Policy (BOP)

Requested Effective Date: _____

Property Information:

Building Replacement Cost (if you own it) \$ _____

Betterments & Improvements (if needed as a tenant)
\$ _____

If building coverage is being provided, list all occupants and provide the square footage of each occupant's space. Also, please indicate the square footage of any vacant area.

Contents Replacement Cost Value \$ _____

-Includes equip., supplies, furniture, improvements and betterments (in lease)

Location Information:

Check appropriate box for Building Construction*

- ☐ Frame ☐ Non-Combustible Masonry
☐ Joisted Masonry ☐ Non-Combustible
☐ Fire Resistive

*see construction definitions on bottom of page 2

Building Age _____ Sprinklers ☐ Yes ☐ No
If sprinkled, are they wet or dry?
No. of Stories _____ **Sprinkler system required for any
location with Building and BPP > \$2M
Air Conditioner ☐ Yes ☐ No Occupied Square Footage _____

Is location building over 20 years old? ☐ Yes ☐ No
If yes to above, please provide the year of update for each of the following:

Plumbing _____ Electrical _____ Heating _____ Roof _____
Any exposing property within 60 feet of property? ☐ Yes ☐ No
If yes, please describe.

Do you sell or distribute under your own label? Yes No

Liability Information:

General Liability limits provided at \$1,000,000/\$2,000,000
Advise if you need higher limits and we can price an Umbrella.

Insurance History:

Please provide insurance history for the past 3 years. If there was no coverage in place for a given year, please indicate "None".

Insurance Company	Policy Number	Expiration Date	Annual Premium	# of Claims

Has any like coverage been declined, cancelled, or non-renewed within the past 3 years? ☐ Yes ☐ No If yes, please explain.

Section 3–Worker’s Compensation**Requested Effective Date:**

Federal Employers Identification Number: _____
 Unemployment Number (if applicable): _____
 NCCI or Experience Mod Factor (if applicable) _____

Number of Full Time Employees: _____
 Number of Part-time Employees: _____
 Employees Estimated Annual Payroll: \$ _____
 Officers Estimated Payroll: \$ _____

The following information is required of all owners, officers, and/or partners associated with the business. State laws differ in whether owners, officers, and/or partners have to be included or excluded in coverage. Please consult your states insurance department for specific regulations before opting to be excluded from coverage.

<i>Officers Name</i>	<i>Include or Exclude</i>	<i>Title/Relationship</i>	<i>Ownership %</i>	<i>Annual Payroll</i>

Insurance/Claims History:

Please provide insurance history for the past 5 years. If there was no coverage in place for a given year, please indicate “None”.

<i>Insurance Company</i>	<i>Policy Number</i>	<i>Expiration Date</i>	<i>Annual Premium</i>	<i># of Claims</i>

Has any coverage been declined, cancelled, or non-renewed within the past 3 years? ☐Yes ☐No If yes, please explain.

Section 3-Additional Coverage

Please indicate whether or not you would like to receive additional information and/or a premium indication on the following lines of coverage:

Hired and Non-Owned Auto ☐ Yes ☐ No

Business Auto ☐Yes ☐No

If yes - what is the vehicle used for? _____

Professional Liability ☐Yes ☐No

Commercial Umbrella ☐Yes ☐No

Section 4-Underwriting Questions

Do you engage in lobbying activities? ☐Yes ☐ No

Do you store member personal information? If so, what is stored and how is it stored? ☐Yes ☐ No _____

Do you sponsor/represent any schools, universities, or youth organizations? ☐Yes ☐ No

PLEASE READ, SIGN, AND DATE:

The applicant declares the information contained in the application is true and that no material facts have been suppressed or misstated. The applicant understands that incorrect or incomplete information could void their protection.

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

This application is subject to the underwriter’s approval. Your completion of this application does not obligate the insurance company to issue your insurance coverage.

 Signature of Principal Owner, Officer, or Partner

 Date

Return your signed application to: AMC@getamba.com

Plan offered through Association Member Benefits Advisors, LLC (AMBA). After approval of your application, your Certificate and premium notice will be sent directly to you. The completion of this application does not bind coverage. The application is subject to the Company’s Underwriting Rules.

***Construction Definitions**

Frame: Wood or mostly wood construction.

Joisted Masonry: Brick, block, concrete load bearing walls. Roof and floor supports are wood.

Non-Combustible: Metal structural wall and roof supports. NO wood roof decking or wood siding.

Masonry Non-Combustible: Masonry load bearing walls and unprotected steel roof supports.

Fire Resistive: Masonry or protected steel load bearing walls and roof supports. (Steel is protected by encasing it in concrete or spraying on fire resistive insulation.)