

Business Owners Program Quoting Manual

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Business Owners Program

Quoting Manual

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How to Enter an Application

1. From the main menu, mouse over Products > Business Owners Policy > Business Owners Policy > Applicable State (e.g. FL).



Eligibility Checklist

2. Review the Eligibility Checklist.
3. You may click Underwriting Manual shown in underlined blue text for detailed information.
4. You may also click the blue underlined text for the Quick Reference Guide.
5. If the applicant meets all of the requirements, click Yes and Next Page.

Quote Number: 09 QT90091835 99 BUSINESS OWNERS POLICY - BUSINESS PRIDE

Eligibility

Is any building vacant or less than 75% occupied

Is any building undergoing renovation or construction

Is the risk located in a residence or dwelling

Does applicant sell used, second hand, antique or collectible products or goods

Are any products or goods sold under the applicant's name or trade name

Does building contain lead paint; interior or exterior

Does building have a wood shingle roof or aluminum wiring

Does building have any existing damage

Is applicant requesting coverage in a building that has any of the following tenants: ADULT BOOK/VIDEO STORES, ADULT THEATERS, BATH HOUSES, ESCORT SERVICES, FLEA MARKETS, MASSAGE PARLORS(LICENSED MASSAGE THERAPIST ACCEPTABLE), MODELING AGENCIES, NIGHTCLUBS OR BARS

Have you referred to the Quick Reference Guide for building age and wind guidelines. [Quick Reference Guide](#)

Please refer to the Underwriting Manual [Underwriting Manual](#)

Does the risk meet the described requirements Yes No

Next Page

Applicant Information

6. Enter the following Applicant Information:
 - Effective Date (defaults to day of application)
 - Form of Business
 - Years in Business
 - Years of Experience
 - Mailing Address, as well as the Emergency Preparedness email address and website

Quote Number: 09 QT90091835 99 BUSINESS OWNERS POLICY - BUSINESS PRIDE

Applicant Information

Effective Date: 06/30/2016

Form of Business: Select

Years in Business: 0

Years of Experience: 0

Mailing Address: [Text Field]

City: [Text Field]

State: [Text Field]

Zip: [Text Field]

Within City Limits? Yes No

Emergency Preparedness Email Address: [Text Field]

I choose not to Supply an Email Address

Web Site: [Text Field]

Policy Information

Policy Type: Select

Contact Information

First Name: [Text Field]

Last Name: [Text Field]

Phone: [Text Field]

Prior Insurance Information

Prior Insurance Yes No

Additional Company Policy

Additional Bankers Insurance Group Policy Yes No

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Policy Information

7. Enter Policy Type (Standard or Special).

Contact Information

8. Enter first name, last name, and phone number.

Prior Insurance Information

9. If there was Prior Insurance Coverage, select Yes. Enter the Prior Carrier's name, Policy Expiration Date, Policy Number and type of Proof of Prior Insurance. Additional Bankers Insurance Group policy, answer Yes and provide the Policy Number and Group Name.

10. Click Next Page.

Quote Number: 09 QT90091835 99 BUSINESS OWNERS POLICY - BUSINESS PRIDE

Applicant Information
 Effective Date: 06/30/2016
 Form of Business: Select
 Years In Business: 0
 Years of Experience: 0
 Mailing Address: [Redacted]
 City: [Redacted]
 State: [Redacted]
 Zip: [Redacted]
 Within City Limits? Yes No
 Emergency Preparedness Email Address: [Redacted]
 I choose not to Supply an Email Address:
 Web Site: [Redacted]

Policy Information
 Policy Type: Select

Contact Information
 First Name: [Redacted]
 Last Name: [Redacted]
 Phone: [Redacted]

Prior Insurance Information
 Prior Insurance: Yes No

Additional Company Policy
 Additional Bankers Insurance Group Policy: Yes No

Buttons: Save and Quit, Next Page

Coverages

11. Select the General Liability Coverage limit from the drop down.
12. Terrorism Coverage is included.
13. Select Additional Coverages if any: Additional Insureds, Employee Dishonesty (\$10K automatically included enter amount greater than \$10K), Hired Automobile and Non-Owned Automobile. (Underwriting questions to be answered if Additional Coverages are selected).
14. Click Next Page.

Quote Number: 09 QT90091835 99 BUSINESS OWNERS POLICY - BUSINESS PRIDE

Coverages
 Limit: [Redacted]

Required Coverages
 General Liability: Select

Terrorism Coverage Included

Additional Coverages - Please enter ONLY the additional coverage amount requested.


Additional Insured Policy
 Employee Dishonesty \$10,000 Automatically Included
 Hired Automobile
 Non Owned Auto Liability

Buttons: Previous Page, Save and Quit, Next Page

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Adding Locations



15. To add a Location, click the  icon as shown.

16. You may use the mailing address for a location, which will populate the address for you.

17. Indicate Within City Limits and click Update.

18. Enter Distance to Fire Department (miles), Wind Coverage and Sinkhole Exclusion. Select the Location Deductible from the drop down.

19. Click Next.

20. To add additional Locations, click the  icon. Note: Locations can also be deleted or edited by clicking  the icons.

21. Enter the Address and indicate City Limits.

22. Click Update.

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23. Enter Distance to Fire Department (miles), Wind Coverage and Sinkhole Exclusion. Select the Location Deductible from the drop down.
24. Click Next.
25. When you have entered all locations, click Next Page.

Location Attributes

Location Characteristics

Address One 11101 ROOSEVELT BLVD N

City, State, Zip SAINT PETERSBURG, FL 33716-2340

Distance to Water 10 mi to less than 15 mi

Distance to Fire Department (miles) [Input Field]

Wind Coverage Excluded? Yes No

Exclude Sinkhole Yes No

Location Deductible Select [Dropdown]

Cancel Next

Location Coverages

26. Select optional Location Coverages: Dock Coverage, Professional Liability and Swimming Pool Exposure. (Additional underwriting questions to be answered if additional coverages are selected.)
27. If any additional locations, click the blue link to add Location Coverages for the next location.
28. Click Next Page.

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Location Coverages

This program can update coverages for each location entered on the previous page. Click the bolded location number (**Location: ##**) to view and change coverages for each location. Note: All changes will be saved if a different location is expanded.

Location 1: 11101 ROOSEVELT BLVD N, SAINT PETERSBURG, FL 33716-2340 [Shoreline Map](#)

Coverages


Dock Coverage

Professional Liability

Swimming Pool Exposure

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Entering Building Characteristics

29. Click the  icon as shown to enter building characteristics.

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Building

This program can assign Building to specific locations. Begin by inputting all the general construction classifications under location 1. Click the [New Building](#) icon (above) to add building to a specific location.

No risks assigned for this policy



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30. Select which location these attributes apply to. Once you make your selection, the address will populate.
31. Indicate **Within City Limits**, provide a **Description of Operations**.
32. Select a **Construction Type** and **number of stories** from drop down.
33. Enter **Year Built**.
34. Select **Applicant Interest** and **Occupancy Type** from drop down.
35. Indicate **Condo Association** and **Condo Owner**.
36. Enter the square footage of the **Area Occupied**. (If the number is greater than 35,000, the message "Risk is Ineligible. Refer to Underwriting Guidelines" will display.)
37. Indicate **Distance to Hydrant**, **Is Building Sprinklered**, **Protection of Safeguard**, **Number of Units in Building**.
38. Select **Automatic Increase in Insurance** and **Annual Revenue** amount.
39. Indicate **Water Damage Exclusion**.
40. Click **Update**.

Risk Questions

41. Indicate if risk is located in a flood zone. If **Yes**, answer the additional underwriting questions.
42. If this is a **Converted Structure**, indicate **Yes**, and answer the additional underwriting questions.
43. Click **Update**.
44. Click the  icon as shown to add additional buildings.
45. Click the  icon as shown to select the **Class Code**.

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46. Select Occupant Interest and Class Code from the drop down.
47. Enter the square footage of the Area Occupied (if the number is greater than 35,000, the message "Risk is Ineligible. Refer to the Underwriting Guidelines" will display),
48. Click Add to populate selected class code.

49. Click Add for additional class codes and any Occupant Interest type.
50. Click Update when all class codes have been added.

Edit	Delete	Class Code	Class Type	Occupant Interest	Total Units/Sq Ft/Sales
		65100 - Auditors	OF	Area - Leased to Others	1200

51. Click Next Page.

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Quote Number: 09 QT90091835 99 BUSINESS OWNERS POLICY - BUSINESS PRIDE

Building

This program can assign Building to specific locations. Begin by inputting all the general construction classifications under location 1. Click the [New Building](#) icon (above) to add building to a specific location.

Location/Building 1:1 11101 ROOSEVELT BLVD N, SAINT PETERSBURG, FL 33716-2340

Description of Operation: OFFICE	Year of Construction: 2000
Number of Stories: 2	Construction Type: Joisted Masonry
Distance to Fire Hydrant: 500 feet	Square Footage: 1,200 feet

Class Codes

Click the [New Class Codes](#) icon (above) to add or remove the risk exposure or any additional classifications. The class codes are for each building.

Class Code	Class Type	Occupant Interest	Total Units/Sq Ft/Sales
65100 - Auditors (Primary)	OF	Area - Leased to Others	1200

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PROGRESS

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[Policy Coverage](#)

[Location](#)

[Location Coverage](#)

Building

[Building Coverage](#)

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Main Coverages

- Enter the **Building Limit, Business Personal Property** (select *Replacement Cost or Actual Cash Value*) and **Business Income Extra Expense** from drop down.

Additional Coverages

- Enter **Accounts Receivable on Premises** (\$25K automatically included enter amount greater than \$25K). Enter **Fine Arts** amount (\$10K automatically included enter amount greater than \$10K).
- Click the box to add additional coverages - **Additional Insureds, Mechanical Breakdown, Computer Coverage, Ordinance or Law, Fire Damage** (\$50K automatically included enter amount greater than \$50K), **Spoilage** (\$250 deductible), **Glass** sq. ft. (\$250 deductible) and **Outdoor Signs-Limited Perils** and **Outdoor Signs-All Risk**. Select deductible for the drop down.
- Once you have added the coverages for the first location, click the second location as shown.
- Click **Next Page**.

Premium Information

- Review the **Premium Information**. Click **Next Page**.

NOTE: If you need to make any changes, use the *Progress Bar* on the right hand side of the page. This will affect the premium.

Quote Number: 09 QT90154110 99 BUSINESS OWNERS POLICY

Building Coverages

Location/Building 1:1 360 CENTRAL AVE, SAINT PETERSBURG, FL 33701-3857

Main Coverages

Coverages	Limit	
<input type="checkbox"/> Building	\$0	Select
<input type="checkbox"/> Business Personal Property	\$0	
<input type="checkbox"/> Business Income Ext Expense		Select

Additional Coverages

Coverages	Limit	
<input type="checkbox"/> Accounts Receivable on Premise	\$0	\$25,000 Automatically Included. Coverage may be increased up to \$250,000.
<input type="checkbox"/> Fine Arts	\$0	\$10,000 Automatically Included. Coverage may be increased up to \$250,000.
<input type="checkbox"/> Additional Insured Building		
<input type="checkbox"/> Mechanical Breakdown		
<input type="checkbox"/> Computer Coverage		
<input type="checkbox"/> Ordinance or Law Cov 1		Covers loss in value of the undamaged portion of the building due to demolition pursuant to a building ordinance or law. Not a separate limit of insurance. Building Coverage is extended.
<input type="checkbox"/> Ordinance or Law 1-2	\$0	Covers loss in value of the Undamaged Portion of the building due to demolition pursuant to a building ordinance or law. Also, Demolition Cost covers demolishing and removing the debris of the undamaged portion of the building.
<input type="checkbox"/> Ordinance or Law Cov 3	\$0	Increased Cost of Construction covers the increased cost to repair, reconstruct or remodel damaged or undamaged parts of the building to comply with building ordinance or law. \$10,000 limit for Increased Cost of Construction Included.
<input type="checkbox"/> Ord/Law 1,2,3 Comb	\$0	Coverage for Undamaged Portion, Demolition, and Increased Cost of Construction With Separate Limits for Demolition and ICC.
<input type="checkbox"/> Spoilage	\$0	\$250
<input type="checkbox"/> Glass	0	\$250
Square Feet		
<input type="checkbox"/> Outdoor Signs - Limited Perils	\$5,000	
<input type="checkbox"/> Outdoor Signs - All Risks	\$0	

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Premium Information

Total Premium	\$1,976.00
Fees	
Emergency Mgmt Preparedness	\$4.00
St. Fire Marshal Reg. Assmt	\$1.00
Managing General Agent Fee	\$25.00
Fees Total	\$30.00
Grand Total	\$2,006.00

Show Rating Detail


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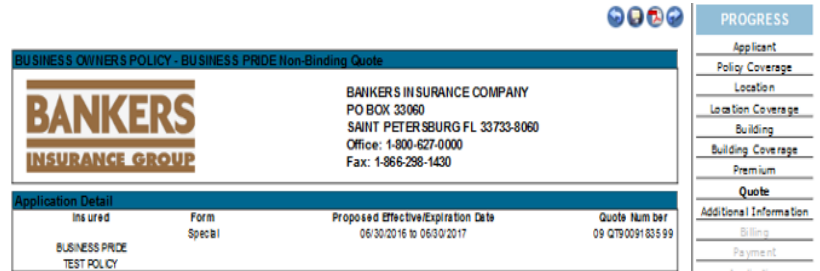
PROGRESS

- Applicant
- Policy Coverage
- Location
- Location Coverage
- Building
- Building Coverage
- Premium
- Quote
- Additional Information
- Billing
- Payment
- Application

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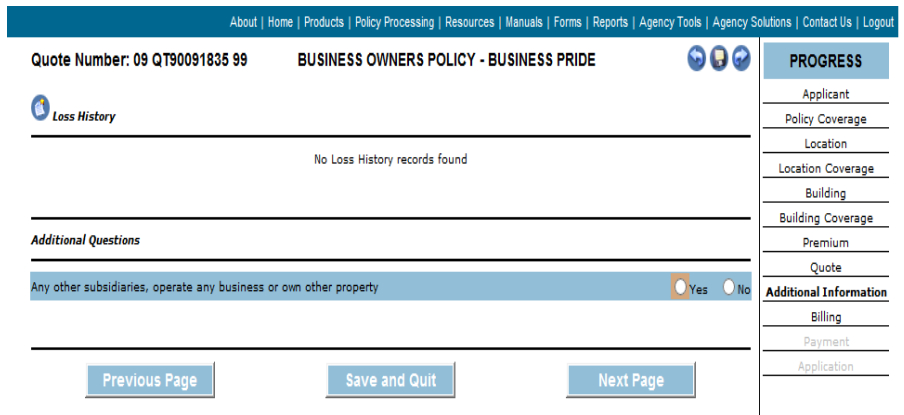
58. A Non-Binding Quote will display. Review quote. If you would like to save this quote as a PDF, click the  icon in the upper right corner.
59. Click Next Page.



Insured	Form	Proposed Effective/Expiration Date	Quote Number
BUSINESS PRIDE TEST POLICY	Special	06/30/2016 to 06/30/2017	09 QT90091835 99

Loss History

60. To add a Loss History record, click the  icon.
61. Enter the Date of Loss, Type and Amount Paid.



Quote Number: 09 QT90091835 99 BUSINESS OWNERS POLICY - BUSINESS PRIDE

Loss History

No Loss History records found

Additional Questions

Any other subsidiaries, operate any business or own other property Yes No

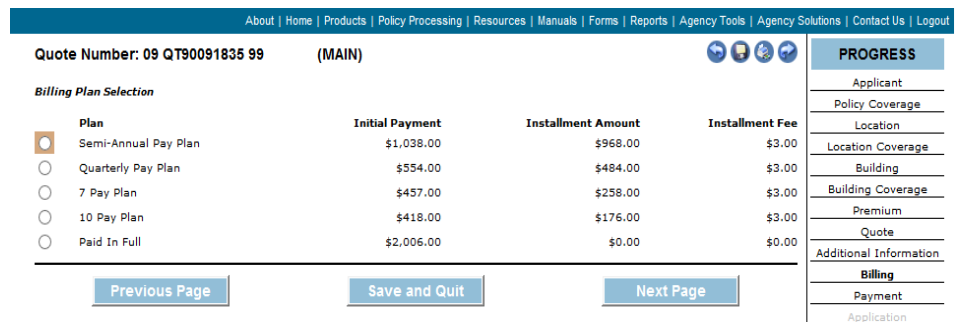
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Additional Questions

62. Indicate if any other subsidiaries, operate any business or own other property. If Yes, please explain. Click Next Page.

Billing and Payment

63. Select Billing Plan and click Next Page.



Quote Number: 09 QT90091835 99 (MAIN)

Billing Plan Selection

Plan	Initial Payment	Installment Amount	Installment Fee
<input checked="" type="radio"/> Semi-Annual Pay Plan	\$1,038.00	\$968.00	\$3.00
<input type="radio"/> Quarterly Pay Plan	\$554.00	\$484.00	\$3.00
<input type="radio"/> 7 Pay Plan	\$457.00	\$258.00	\$3.00
<input type="radio"/> 10 Pay Plan	\$418.00	\$176.00	\$3.00
<input type="radio"/> Paid In Full	\$2,006.00	\$0.00	\$0.00

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NOTE: Some quotes require Underwriter review. Once approved, you will receive an email notification. At that time, you can retrieve the quote, enter the payment option and submit the application.

Binding Authority Messages
BCS2112 - Crime Score is = 9 or 10

We are unable to continue processing your application due to the binding restriction(s) outlined above.

At this time you may click the submit button to send this application to an underwriter for approval, the previous button to make any necessary changes or the save button to quit.

Previous Page Save and Quit Submit


Comments

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64. Choose a Payment Method and Payor.
65. Select Binding Authority Agent.
66. Click Submit Application.





Saving the Application as a PDF



67. If you would like to save this application as a PDF, click  the icon.
68. Click Save.




Searching for a Quote

69. From the main website, mouse over Policy Processing > Quote Search

Searching by Quote Number

70. Select the type of search you like, in this case, Quote Number.
71. Type the Quote Number in the field.
72. Click the Next button.
 - You will see icons next to the quote:
 -  Will print this quote
 -  Copies the quote
 -  Allows you to do further work with this quote
 -  Deletes the quote

73. If you print  the quote, the Non-Binding Quote will display. You may click the PDF icon  to send this to the printer.

Quote Id / Product	Insured / Address
   09-QT90091906- -99 BBOP	MRS LETITA TESTING 11101 ROOSEVELT BLVD N SAINT PETERSBURG FL

[New Search](#)