



BOP Application

SPECIAL NOTE: Dryden's BOP program has limited eligibility. Please contact an underwriter to verify risk acceptability prior to completing application. This application is not acceptable for our other programs.

Applicant's Name, Address, City, State & Zip

Agent Name

Applicant Phone: _____

Agent Code: _____

Inspection Name/Local Caretaker: _____

____ Quote Only

Inspection Phone: _____

____ Bound App Eff: ____' ____' to ____' ____'

Date of Birth: _____

Social Security #: ____ - ____ - ____

Policy Type: Business Owners Package

Personal Name (if different) and all owners names:

PROPERTY COVERAGE

Location Address: _____ Loc: _____ Bldg: _____

Protection: _____

Feet From Hydrant: _____ Miles from Fire Dept: _____ Fire District: _____

Construction: _____ (Metal buildings will be rated as frame)

Year of Construction: _____ Total Square Feet: _____

Occupancy/Desc of Risk: _____

Building Coverage Limit: \$ _____ **(If building coverage, photo required)**

Deductible: _____ Valuation: _____ Form: _____

Contents Coverage Limit: \$ _____

Deductible: _____ Valuation: _____ Form: _____

Utility Updates (Please indicate year updated): _____ Roof _____ Electrical _____ Heating _____ Plumbing

Type of wiring: Circuit Breakers Fuses # of Amps? _____

Type of Furnace: _____ Type of Fuel: _____

Mortgagee Name: _____ Loan #: _____

Address: _____ City: _____ St: _____ Zip: _____

For Additional Buildings/Locations attach a Separate Application.

BUSINESSOWNERS PROPERTY SF-311

Type: _____

Plan: _____

Occupancy: _____ Sole Occupancy? Yes No

Optional Coverages

Accounts Receivable \$ _____ (\$1,000 included in deluxe plan)
Additional Expense \$ _____ (\$1,000 included in deluxe plan)
Employee Dishonesty # of employee: _____ \$ _____ (\$1,000 included in deluxe plan)
Exterior Signs \$ _____ (\$1,000 included in deluxe plan)
Loss of Income # of additional months: _____ (3 months incl in standard plan/6 months incl in deluxe plan)
Money & Securities \$ _____ (\$1,000 included in deluxe plan)
Outside Grade Floor Building Glass (SF-78) _____ linear feet
Seasonal Variation Designated 90 day period from: _____ to _____
Additional 30 day period from: _____ to _____
_____ % of additional coverage above 25%

Valuable Papers & Records \$ _____ (amount of additional coverage above \$1,000)

SF-53 - Protective Safeguard Endorsement (Check all that apply)

- Local Fire Alarm Central Fire Alarm
- Local Burglar Alarm Central Burglar Alarm
- Sprinkler System: _____ % of Building

Must attach a copy of current alarm certificate/sprinkler inspection upon binding for credit to be applied

BOP Extender Endorsements: (Choose One) _____

SF-127 Loss Payee

Name: _____ Interest: _____

Address: _____ City: _____ St: _____ Zip: _____

Misc Endorsement(S) Form #: _____ Coverage \$ _____

Misc Endorsement(S) Form #: _____ Coverage \$ _____

Misc Endorsement(S) Form #: _____ Coverage \$ _____

INLAND MARINE

MR-61A – Computer Coverage (\$4.50/\$1,000) \$ _____

(please attach schedule for items valued over \$1,000)

Form: _____ Desc: _____ Ded: _____ Coverage: _____

Form: _____ Desc: _____ Ded: _____ Coverage: _____

BOP LIABILITY COVERAGES AND OPTIONAL ENDORSEMENTS

Coverage L – Bodily Injury & Property Damage: _____

Coverage M – Premises Medical Payments: _____

Form of Coverage: _____

Classification: _____ Code: _____ \$/Area: _____

Classification: _____ Code: _____ \$/Area: _____

Classification: _____ Code: _____ \$/Area: _____

LS-44 Barber Shop & Beauty Shop: # of Beauty Shop Employees FT:____ PT:____ Manicurists:____ Barbers:____

DMIC LS-98 - Tanning Professional Liability (may apply) # of Beds: _____

LS-50 – Employee Non-Owned Auto

LS-50A Hired & Non-Owned Auto

LS-48 Fire Damage Legal \$ _____ (\$50,000 included in LS-6)

LS-59 Lead Exclusion (*automatically applied to ALL habitational risks*)

LS-76B Skin Care Exclusion (automatically applied to all beautician & tanning operations)

LS-70 Business Premises Exclusion other than Designated Premises (may apply to some risks)

ADDITIONAL INSUREDS (Name & Address)

1. _____ 2. _____

Interest: _____

Interest: _____

UNDERWRITING INFORMATION - REQUIRED TO PROCESS APPLICATION

A. Previous Carrier: _____

****ATTACH LOSS RUNS****

B. If none, why? _____

C. Has any company cancelled, non-renewed or refused insurance (including non-payment) for this applicant?
Yes No If yes, explain: _____

D. Any losses in the past 3 years? Yes No
If yes, explain: _____

E. Years in business? _____

Agency Use: Attachments to Application

Photos #: _____

Beauty Shop Questionnaire

Tanning Bed Supplemental Questionnaire

REMARKS

For questions regarding this application, please contact Agency Service Representative:

Name: _____ Phone: _____ Ext: _____

Email Address: _____

FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the insurer to which the application is assigned. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. The undersigned hereby applies for Insurance Coverage as set forth in the application and the various attached underwriting schedules and affirms that the statements and representations made herein are to the best of his or her knowledge true.

INSURANCE FRAUD WARNING NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Agent: _____ Date: _____ Applicant: _____

FOR OFFICE USE ONLY

- RATING SYSTEM CHECK: NAME/LOCATION/REFUSED INSPECT
- IMAGERIGHT SEARCH WAIVE INSPECTION
- WEB SEARCH

Rating Information

- Standard Deluxe
- Year: Prior Since Territory: Upstate & Suburban Upstate Cities
- Construction: F M Protection: HP _____ PR SP UP
- Loss Settlement - Building: RC ACV Rate: _____ Contents: RC ACV Rate: _____
- Classification: Office Apt Church Service _____ Merc. _____
- Liability Form: LS-1 LS-5 LS-6 Premium: _____

Underwriting Approval: _____



Dryden Mutual Insurance Company

P.O. Box 635
Dryden, New York 13053-0635
607-844-8106 • 800-724-0560
607-257-0312 (fax)

Credit Card Authorization Form

Please complete **ALL** of the following information for any new business application.

Visa MasterCard *These are the only cards accepted.*

Credit Card #

Expiration Date mm/yy Amount: _____

Billing Information as listed on the Credit Card

First Name: _____ Last Name: _____ Middle Initial: _____

Business Name: _____

Address: _____ City: _____ State/Province: _____

Zip Code: _____ Phone: _____

Authorization Signature: _____ Date: _____

New Business

Existing Policy

Policy #: _____

Named Insured: _____

Agency Name: _____

