

# REO • ADVISORS

We are proud to announce several new insurance products that are now available from your **National REO Advisors Agency Network**. We now offer a **Comprehensive Business Owner's Package** and also coverage for **Hired and Non Owned Auto**. (Currently Not Available in FLORIDA – Please refer to our General Liability Application)

To obtain additional information and a competitive quote on the products listed below please fill in the appropriate section(s) and fax the form to REO Advisors or call us at 800-753-3557 Ext 207.

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Year Firm Established: \_\_\_\_\_

**Business Owner's Package (Required Items)**

- 1) Building / Office: Own or Rent
- 2) Building Limit / Value \$ \_\_\_\_\_
- 3) Construction Type (Please Check Appropriate Type)
  - Fire Resistive \_\_\_\_\_
  - Non Combustible \_\_\_\_\_
  - Masonry Non Combustible \_\_\_\_\_
  - Frame \_\_\_\_\_
- 4) Building Information
  - Year Building was Built \_\_\_\_\_
  - Area Occupied by your firm (Sq Feet) \_\_\_\_\_
  - Number of Stories \_\_\_\_\_
- 5) Business Personal Property/ Contents Limit Requested: \$ \_\_\_\_\_
- 6) Deductible Options: (Please circle requested amount)
  - \$250.
  - \$500.
  - \$1000.
  - \$2500.
  - \$5000.

7) Limit of Liability: (Please circle requested amount)

- \$500,000.
- \$1,000,000.
- \$2,000,000.

8) Is any portion of the building or premise being rented to others? \_\_\_\_\_

9) Percentage of building occupied by your firm: (Please circle answer)

- 100%
- Between 75% and 99%
- Less than 75%

10) Does the insured have more than 50% ownership in any other business?

\_\_\_\_\_  
If YES, describe:

\_\_\_\_\_  
\_\_\_\_\_

11) Annual Revenue \$ \_\_\_\_\_

12) Prior BOP Policy? Yes \_\_\_\_\_ No \_\_\_\_\_

13) Have you had a loss in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have had a loss please provide the following information:

Date of Loss: \_\_\_\_\_

Description of Loss:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cause of Loss: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Claim Status: Open \_\_\_\_\_ Closed \_\_\_\_\_

See below for additional losses

**Hired & Non Owned Auto Liability**

(This Coverage Can Be Added to Business Owner's Package)

14) Does the insured or their employees regularly use their Vehicles in the course of their business?

\_\_\_\_\_  
\_\_\_\_\_

15) Does the Insured or their employees regularly use hired vehicles in the course of their business?

\_\_\_\_\_  
\_\_\_\_\_

**Additional Loss History:**

If you have had a loss please provide the following information:

Date of Loss: \_\_\_\_\_

Description of Loss:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cause of Loss:

\_\_\_\_\_  
Amount Paid: \$ \_\_\_\_\_

Claim Status: Open \_\_\_\_\_ Closed \_\_\_\_\_

If you have any questions pertaining to this questionnaire or the products outlined above please contact:

**Gary Shields**  
at (800) 753-3557, ext. 207

Please fax to: **REO Advisors (800) 228-5525, Attn. Gary Shields**  
Or email to: **[sales@reoadvisors.com](mailto:sales@reoadvisors.com)**