



Agent Information

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:

Home-Based Micro-Business Businessowners' Policy (MBOP)



Berkley
**SMALL BUSINESS
SOLUTIONS**

| a Berkley Company

bop_submissions@berkleysmallbusiness.com

AGENCY INFORMATION

Named Insured

Quote Number

APPLICANT INFORMATION

Business Name (Entity Name)

PRIMARY ADDRESS

Address

Effective Date: (mm/dd/yyyy)



Doing Business As

Unit/Suite

Expiration Date: (mm/dd/yyyy)



City

State

Zip Code

BUSINESS INFORMATION

Legal Entity Type

Website

Annual Revenue

Total Number of Employees

Year Business Started

FEIN

Incl. Owner, Full-Time Part-Time & Seasonal Employees

Primary Business Phone Number

Number of Locations

PRIMARY LOCATION COVERAGES

Does the applicant want building coverage?

Yes

No

Business Personal Property Limit

Occupant Type

Does the applicant rent or lease
equipment to others?

Yes

No

Classification

LOSS HISTORY

Share details to customize your product.

Does the applicant have losses in
the past year?

Yes

No

Per Occurance Limit

Per Person Medical Expense Limit

Electronic Data Limit

MICRO-BUSINESSOWNERS RETAIL (BP 20 010420) [LEARN MORE](#)

Do you want to add
Micro-Businessowners Retail?

Yes

No

Do you mostly sell online with less
than 10% of sales in person?

Yes

No

Stock Limit of Insurance

Theft of Stock Deductible

Signature - 2-20 Agent

Date

Signature - Insured

Date