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Business Owner's Property/General Liability Insurance Program

Please complete the form below and either E-mail, fax or mail back to our office.

Company _____

Contact _____

Phone _____ Fax _____

Address _____

City _____ State _____ Zip Code _____

Web Site _____ E-mail _____

Current insurance company _____ Current Premium _____ Renewal Date _____

PROPERTY

Building \$ _____ Computer hardware \$ _____

Personal property (including office alterations) \$ _____ Other \$ _____

Deductible \$ _____

Office area (usable Sq. Feet) _____

Alarm: Yes ___ No ___ Central Station: Yes ___ No ___ Fire: Yes ___ No ___

Burglary: Yes ___ No ___ Sprinkler System: Yes ___ No ___

Construction of Building _____ Year building was constructed _____

Do you use high power lighting for Photo or Video work? Yes ___ No ___

Do you use any toxic or flammable materials in your office? Yes ___ No ___

Is computer equipment protected by fire protection & suppression devised? Yes ___ No ___

How often do you back up all computer data? _____

Is back up stored off premises? Yes ___ No ___ Please describe back up facility _____

Is computer equipment & media located above ground level? Yes ___ No ___

AUTOMOBILE

Automobiles – Please provide a list of owned autos with the following information:

Vehicle Year Make Model Cost New VIN # (17-digits) Garage Location/Zip Code

Driver Information – Please provide Name, Date of Birth & License Number for each driver. Also, if there is a company policy on use of company autos by family members, please describe.

To complete your application, please submit:

Five year claim history report – see attached sample letter to obtain.

Signature & Title of Applicant

Date

