

Business Owners' Package Policy Quote Request

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COPIC Financial Service Group, Ltd.

Profession___ COPIC Insured_____ Current Date _____ Effective Date ____ Named Insured Phone #:_____ Fax#:_____ E-Mail Address: Legal Entity_____ FEIN____ Mailing Address_ Claims Last (5Years)_____ Location Address: 1.____ Building Limit_____ Deductible: Personal Property Limit ______ Deductible: _____ Tenant Improvements Limit _____ Condo Unit: _____ Building - Construction _____ Square Footage _____ Year Built:_____ Sprinkler:____ Alarm:____ Location Address: 2. Building Limit______ Deductible: _____ Personal Property Limit _____ Deductible: Tenant Improvements Limit_____ Condo Unit: Building - Construction _____ Square Footage_____ Year Built:_____ Sprinkler:_____ Alarm:_____ **Optional Coverages:** Employee Benefits Liability: Umbrella Liability:_____ Employee Dishonesty:_____ Limit: _____ # of Employees_____ Data Breach Expense: _____ Data Breach Liability: _____ **Miscellaneous Additional Coverage:** Loss Payees/Additional Insured's: