



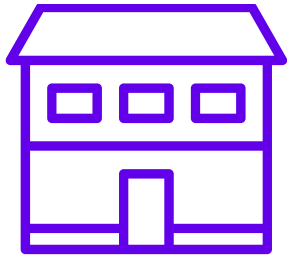
Business insurance,
made simple.

About Us

We believe in the trusted advisor.
The commercial insurance agent is
at the heart of our business.

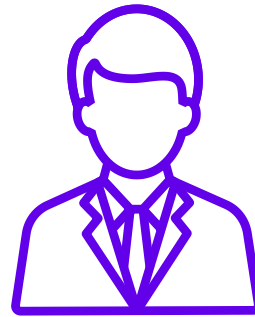
Align Customers, Agents, and Carriers

Buy | Sell | Write



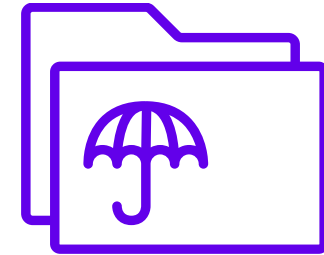
Customers want the best insurance

Business owners are matched with the most qualified agent and the right carrier product.



Agents want the right carrier

Agents see more of the right business – and spend less time going back and forth with carriers.



Carriers want the right business

Carriers see only risks that meet their competitive strategy – and experience profitable growth.

Start To Finish

Write more commercial insurance and reduce friction for the customer, the agent and the carrier.



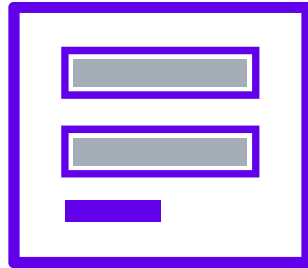
~~20 week Process~~

1 WEEK PROCESS

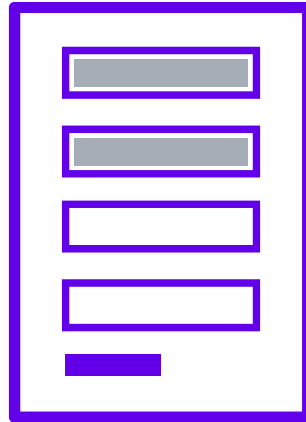


Master Question Set

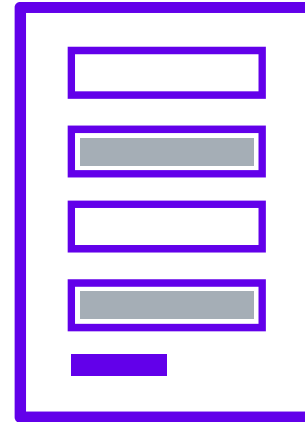
Application



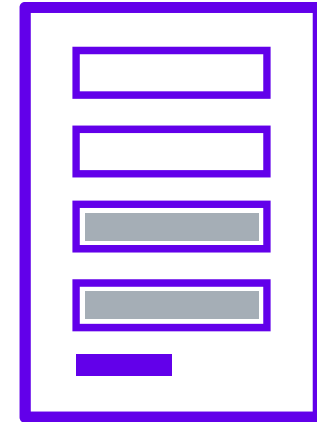
Carrier 1



Carrier 2



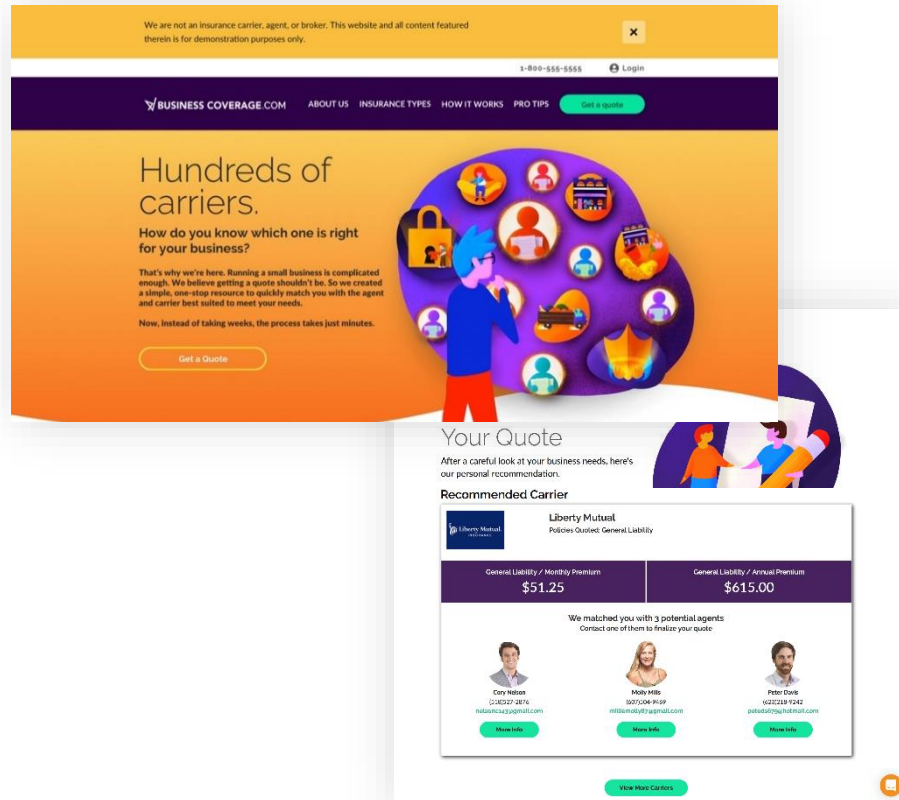
Carrier 3



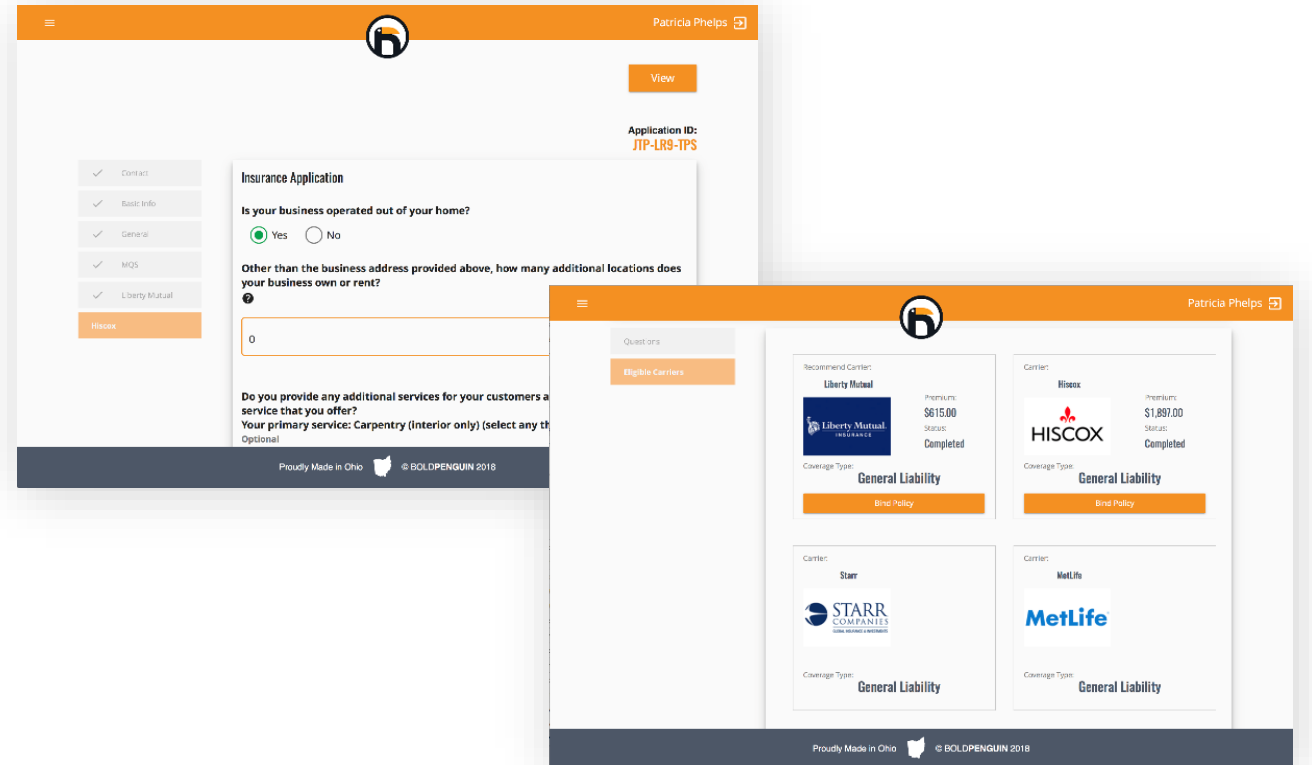
Our dynamic question set is seamlessly integrated with each carriers required data set to provide unified data across each platform.

BUSINESSCOVERAGE.COM

Password Protected Full Interactive Live Demo Environment
of how one might utilize BP technology to write small
commercial profitable (with fewest touches)



Demonstration of an online experience all the way
to quote and carrier recommendations setup by
broker (tenant)



Demonstration of an agent experience
from start of quote process all the way to
bind



Millions of policies.

How do you know which one is right for your business?

That's why we're here. Running a small business is complicated enough. We believe getting a quote shouldn't be. So we created a simple, one-stop resource to quickly match you with the agent and carrier best suited to meet your needs.

Now, instead of taking weeks, the process takes just minutes.

Get a Quote



Find the coverage types that suit your needs.



Your custom quote starts here.

Let's get covered.

Insurance Application

Step 1

PROGRESS



Coverage Type



Business Owners Policy

Also known as BOP. Combines the most common types of business insurance into one package to reduce the cost. Typically includes coverage for business interruption, property, commercial auto, general liability, and other types common to most businesses.



Commercial Auto

Protects a company's vehicles carrying employees, products, or equipment in the event the vehicles are damaged or in a collision. (Non - company owned auto insurance may be included should employees drive personal vehicles for company business.)

Select



Step 1

PROGRESS

Step 2

PROGRESS

Insurance Application

Business Type

Finishing drywall contractors

Business owner's first name

Gordy

Business owner's last name

Bunch

Physical address

1000 E Broad St

Suite / Apt Number
Optional

City

Columbus

State

Ohio

Zipcode

43205

Physical address

1000 E Broad St

**Suite / Apt Number
Optional**

City

Columbus

State

Ohio

Zipcode

43205

Email

g@b.com

What is your phone number?

(614) 123-4567

Next



Step 1

PROGRESS

Step 2

PROGRESS

Step 3

PROGRESS

Insurance Application

Do you currently have insurance for this business?

Yes

No

What is the name of your business?

Drywall Masters LLC

What is your legal entity type?

LLC

In what year did you start your business?

2000

How many years of experience do you have in this profession?

23



Does your business operate year round?

Yes

No

How many full time associates do you currently employ?

6

How many part time associates do you currently employ?

2

What do you estimate your annual gross revenue will be for the next 12 months?

\$500,000

What do you anticipate your annual payroll will be for the next 12 months?

\$250,000

When would you like your policy to start?

1/28/2019



Next



Step 1

PROGRESS

Step 2

PROGRESS

Step 3

PROGRESS

Step 4

PROGRESS

Insurance Application

Is your business operated out of your home?

Yes

No

Other than the business address provided above, how many additional locations does your business own or rent?

0

Do you provide any additional services for your customers apart from the primary service that you offer?

Your primary service: Drywall or wallboard installation/repair (select any that apply)

Optional

Do you or any of your subcontractors provide any of the following services or work on any projects involving the following materials or infrastructure?

- Airports
- Amusement rides, pools or playgrounds
- Asbestos, lead, or mold evaluation or abatement
- Bridges, dams, harbors, mines, piers or tunnels
- Blasting or demolition
- Crane operation
- Emergency systems
- Fire suppression
- Foundation, sheeting or retaining walls
- Hazardous material or waste removal
- Hydraulic fracturing, hydrofracturing, or fracking



Do you or any of your subcontractors provide any of the following services or work on any projects involving the following materials or infrastructure?

- Airports
- Amusement rides, pools or playgrounds
- Asbestos, lead, or mold evaluation or abatement
- Bridges, dams, harbors, mines, piers or tunnels
- Blasting or demolition
- Crane operation
- Emergency systems
- Fire suppression
- Foundation, sheeting or retaining walls
- Hazardous material or waste removal
- Hydraulic fracturing, hydrofracturing, or fracking
- Landfills
- Oil, gas or wells
- Process piping
- Roofing
- Scaffolding operation
- Underground storage tanks or utilities
- Any other similarly hazardous projects or materials

Yes

No

If your business hires subcontractors to do work on your behalf, how much do you expect to pay them during the next 12 months (enter \$0 if you do not hire subcontractors)?

\$0

Next

Insurance Application

Step 1

PROGRESS



Step 2

PROGRESS



Step 3

PROGRESS



Step 4

PROGRESS



Step 5

PROGRESS



Please provide your website address

Optional

www.drywallmasters.com

How much, in total, do you estimate you will pay your employees this year (do not include your own salary)?

Optional

\$425,000

If you have a Commercial Auto Policy with Progressive, please enter it below.

Optional

How many liability insurance claims have you had in the past 5 years?

0

Has your commercial insurance ever been canceled or non-renewed due to prior claims or the nature of your business operations?

Yes

No



Has your commercial insurance ever been canceled or non-renewed due to prior claims or the nature of your business operations?

Yes

No

Do you use subcontractors on any of your projects?

Yes

No

Do you install or have you ever installed Exterior Insulation and Finishing Systems (EIFS)?

Yes

No

What percentage of your work involves installing metal ceilings and/or walls?

0%

What percentage of your work involves installing acoustical ceilings?

0%

Are you involved in new construction of tract housing developments with more than 8 structures or multi-family buildings with more than 4 units?

Yes

No



structures or multi-family buildings with more than 4 units?

Yes

No

Do you have any portable computers, such as laptops or tablets, that you would like to insure?

Yes

No

How many additional insured vendor class (which provides liability coverage to vendors who sell your products) would you like to add to this policy?

0

How many additional insureds (which provides liability coverage to the owner of equipment which you rent or lease) would you like to add to this policy?

0

How many additional insured managers lessors premises (which provides liability coverage to the owner or manager of the space where your business is operated) would you like to add to this policy?

0

How many additional insureds, owners, lessees contracts, scheduled person and or organization (which provides coverage for liability claims arising out of your ongoing operations) would you like to add to this policy?

0

Next



Insurance Application

Step 1

PROGRESS



Step 2

PROGRESS



Step 3

PROGRESS



Step 4

PROGRESS



Step 5

PROGRESS



Step 6

PROGRESS



Have there been losses for the lines of business submitted?

Yes

No

Employee Payroll

\$425,000

Next

Your Quote

After a careful look at your business needs, here's our personal recommendation.



Recommended Carrier



Homesite

Policies Quoted: General Liability

General Liability / Monthly Premium

\$352.58

General Liability / Annual Premium

\$4,231.00

We matched you with 3 potential agents
Contact one of them to finalize your quote



Richard Perry
(614) 232-6029
perry.rt3@yahoo.com

[More Info](#)



Percy West
(615) 796-7005
west.percy98@hotmail.com

[More Info](#)



Philip Webb
(775) 689-3831
webbpa39@gmail.com

[More Info](#)

[View More Carriers](#)

[View Less Carriers](#)

Other Carriers to Consider



Liberty Mutual

Policies Quoted: General Liability

General Liability / Monthly Premium

\$368.67

General Liability / Annual Premium

\$4,424.00

We matched you with 2 potential agents
Contact one of them to finalize your quote



Paul Smith

(601) 557-9833

paulysmithstar35@yahoo.com

[More Info](#)



John Ellis

(228) 656-7048

elliswr227@gmail.com

[More Info](#)

[View Less Carriers](#)

Other Carriers to Consider



Liberty Mutual

Policies Quoted: General Liability



John Ellis
(228) 656-7048
elliswr227@gmail.com



John Ellis Liberty Mutual

CUSTOMER SATISFACTION RATING:



AGENT FACT:

Runs a book club and can't get enough of the Harry Potter movies.

paulysmithstar35@yahoo.com

elliswr227@gmail.com

[More Info](#)

[More Info](#)



WELCOME TO OUR PARTNER PORTAL

What would you like to do today?



New Application



Search Applications



New

Search

Application Id

First Name

Last Name

Phone Number

Email Address

Application Id	First Name	Last Name	Phone Number	Email Address	Created At ↓	
DWM-XGX-S74	Gordy	Bunch	6141234567	g@b.com	1/23/19, 2:34 PM	View
SKK-34L-68L	Sam	Weaver	6147061535	sam@boldpenguin....	1/23/19, 11:52 AM	View
HTN-J7C-R6F	Sam	Weaver	6147061535	sam@boldpenguin....	1/23/19, 11:37 AM	View
8FF-WM8-2JQ	Sam	Weavs	3302067475	sam@sam.com	1/23/19, 10:37 AM	View
325-7Q4-QJK	Sam	W	1234567890	s@s.com	1/23/19, 10:35 AM	View



View

Application ID:
T4S-LJN-H5T

Coverage

Insurance Application

Coverage Type

- ☐ Business Owners Policy ☐ Commercial Auto ☐ Commercial Property
☒ General Liability ☐ Professional Liability ☐ Workers Compensation

Next





View

Application ID:
T4S-LJN-H5T



Coverage

Basic Information

Insurance Application

Business Type

Landscape installation services

Business owner's first name

Frank

Business owner's last name

Sinatra





Physical address

300 N High St

Suite / Apt Number
Optional

City

Columbus

State

Ohio ▼

Zipcode

43215

Email

f@s.com

What is your phone number?

(614) 353-4212

Next



[View](#)

Application ID:
T4S-LJN-H5T

✓ Coverage

✓ Basic Information

MQS

Insurance Application

Do you currently have insurance for this business?

☐ Yes ☒ No

What is the name of your business?

Franks Lawn Clippers LLC

What is your legal entity type?

LLC

In what year did you start your business?

1995





In what year did you start your business?

1995

How many years of experience do you have in this profession?

35

Does your business operate year round?



Yes



No

How many full time associates do you currently employ?

4

How many part time associates do you currently employ?

1





How many part time associates do you currently employ?

1

What do you estimate your annual gross revenue will be for the next 12 months?

\$350,000

What do you anticipate your annual payroll will be for the next 12 months?

\$150,000

When would you like your policy to start?

1/28/2019





Next



[View](#)

Application ID:

T4S-LJN-H5T

 Coverage Basic Information MQS

Hiscox

Insurance Application

Is your business operated out of your home?

☐ Yes ☒ No

Other than the business address provided above, how many additional locations does your business own or rent?



Does your business provide any of the following operations, goods, or services?

- Excavation (includes any digging/removal of soil below 2 feet)
- Property preservation services
- Tree removal
-

☐ Yes ☒ No

For the next 12 months, what is your estimated payroll expense for yourself, your full-time, part-time, and temporary employees? (Do not include subcontractors.)

[Next](#)



View

Application ID:
T4S-LJN-H5T

- ✓ Coverage
- ✓ Basic Information
- ✓ MQS
- ✓ Hiscox
- Homesite

Insurance Application

Please provide your website address

Optional

frankslawncollectors.io

How much, in total, do you estimate you will pay your employees this year (do not include your own salary)?

Optional

\$175,000

If you have a Commercial Auto Policy with Progressive, please enter it below.

Optional

How many liability insurance claims have you had in the past 5 years?

0

Has your commercial insurance ever been canceled or non-renewed due to prior claims or the nature of your business operations?

☐ Yes ☒ No



Do you use subcontractors on any of your projects?

☐ Yes ☒ No

Do you do any excavation (including finish grading, trenching or backfilling) more than 24 inches below ground?

☐ Yes ☒ No

Do you apply herbicides or pesticides for any agricultural purposes (e.g. crop spraying)?

☐ Yes ☒ No

Do you do any removal of trees that are greater than 15 feet in height?

☐ Yes ☒ No

What percentage of your work involves tree pruning?

5%

What percentage of your work involves installing lawn sprinklers?

0%

What percentage of your work involves snow and ice removal?

10%

Do you do any snow or ice removal on public roads or highways?

Optional

☐ Yes ☒ No





Optional
☐ Yes ☒ No

Do you have any portable computers, such as laptops or tablets, that you would like to insure?

☐ Yes ☒ No

How many additional insured vendor class (which provides liability coverage to vendors who sell your products) would you like to add to this policy?

0

How many additional insureds (which provides liability coverage to the owner of equipment which you rent or lease) would you like to add to this policy?

0

How many additional insured managers lessors premises (which provides liability coverage to the owner or manager of the space where your business is operated) would you like to add to this policy?

0

How many additional insureds, owners, lessees contracts, scheduled person and or organization (which provides coverage for liability claims arising out of your ongoing operations) would you like to add to this policy?

0

Next





View

Application ID:
T4S-LJN-H5T

✓ Coverage

✓ Basic Information

✓ MQS

✓ Hiscox

Homesite

Liberty Mutual

Insurance Application

Have there been losses for the lines of business submitted?

☐ Yes ☒ No

Employee Payroll

\$150,000

Next






Application ID:
T4S-LJN-H5T

First Name	Last Name	E-mail Address	Phone Number
Frank	Sinatra	f@s.com	6143534212

- Questions
- Eligible Carriers

Recommend Carrier:

Liberty Mutual



Premium:

\$1,711.00

Status:

Completed


Coverage Type:

General Liability

Bind Policy

Carrier:

Hiscox



Status:


Ineligible

Coverage Type:

General Liability

Carrier:

Homesite



Status:

Ineligible

Coverage Type:



Insured: FRANKS LAWN CLIPPERS LLC

Account-Quote #: 59497349-MLN1Q1 **Agency Code:** 469905

Policy Term: 01/28/2019 - 01/28/2020 **Transaction Effective Date:** 01/28/2019

[New Business](#) | Custom Protector

General Information

Navigation

Application

[General Information](#)**Need Help?**

Call: 1-888-451-8414

Toolbox

- [Billing Resources](#)
- [Small Commercial Product Guide](#)
- [Key Contacts](#)
- [Risk Control Resources](#)

General Information

Effective Date: *

01/28/2019 (mm/dd/yyyy)

Expiration Date: *

01/28/2020

Primary Risk State: *

Ohio

Agency Details

Agency Code:

469905 - WASHINGTON TRAINING AGENT - FAIRFIELD

☐ Service Center**Agent's Name: ***

CONSUMER, JOHNATHAN

The selected agent is the authorized representative for this applicant. It is unlawful to knowingly provide false or misleading information to an insurance company.

☐ Agent's Name is not listed**National Producer Number:**

123456

Agency Customer ID:**Cash Code/Reward Code:****Agent's Email:**

[View](#)

Application ID:
TPT-3K8-3HR

[Coverage](#)

Insurance Application

Coverage Type

- ☐ Business Owners Policy ☐ Commercial Auto ☐ Commercial Property
☐ General Liability ☐ Professional Liability ☒ Workers Compensation

[Next](#)



View

Application ID:
TPT-3K8-3HR

- ✓ Coverage
- Basic Information

Insurance Application

Business Type

Dynamite manufacturing

Business owner's first name

Donald

Business owner's last name

Washington

Physical address

Suite / Apt Number
Optional



Washington

Physical address

1239 N High St

Suite / Apt Number
Optional

City

Columbus

State

Ohio ▼

Zipcode

43201

Email

d@w.com

What is your phone number?

(614) 289-0007

Next





View

Application ID:

TPT-3K8-3HR

✓ Coverage

✓ Basic Information

Consent

Insurance Application

We don’t have a carrier match, but the Commercial Insurance Center might. We would like to refer you to Commercial Insurance Center, who works with us to provide access to different companies than we typically do. Those companies are agents and brokers that may be able to find the right carrier to meet your insurance needs.

May I transfer you with your contact and general business information to Commercial Insurance Center to see if they can find a company to provide a quote for your business?

Commercial Insurance Center hours Monday-Friday, 8a.m.-8p.m. EST.

Commercial Insurance Center, the agents and brokers, and the carriers are not affiliated with COMPANY and are solely responsible for their products and services. Information you provide to others is subject to their privacy policies and may be shared with COMPANY. COMPANY may receive compensation for this referral. See COMPANY WEBSITE for more details.

Yes

No

Next



Thank you.