



OPTOMETRIC
PROTECTOR PLAN

Optometric Protector Plan[®]

The Office Package Application

SECTION 1 LIMITS OF LIABILITY

LIABILITY LIMITS REQUESTED:	UMBRELLA POLICY LIMITS REQUESTED
<input type="checkbox"/> \$1,000,000 / \$3,000,000	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$3,000,000
<input type="checkbox"/> \$2,000,000 / \$4,000,000	<input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$4,000,000
<input type="checkbox"/> Other: \$ _____ / \$ _____ (STATE EXCEPTIONS: LA, IN)	<input type="checkbox"/> Other: \$ _____ (MAXIMUM LIMIT \$10,000,000)
<i>Higher limits may be available through an Umbrella Policy</i>	<i>If Umbrella Policy is requested, please complete Section 6</i>

SECTION 2 APPLICANT INFORMATION

Requested Effective Date: _____ Web Address: _____

Named Insured: _____
(If Individual, provide your full name. If Corporation or Partnership, provide name of legal entity)

Mailing Address: _____
Street City State Zip Code

Home Address: _____
Street City State Zip Code

Phone: _____ Fax: _____ Email: _____

Degree/Specialty: _____ State: _____ License Status: Active Inactive

Type of Legal Entity:
 Partnership Incorporated LLC or LLP Other: _____ Lincense# _____

Association with Practice: _____ Years in Business: _____
 Sole Proprietor / Owner Independent Contractor Employee

List any entities in which you have 51% or greater, ownership: _____

Do you perform any surgical procedures? Yes No

If yes, please explain: _____

For Optometrists only:

Name of OD: _____ Full time Part time (20 hours per week or less)

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Please list any additional insured to be added to the liability portion of this policy:

Name: _____
First MI Last Designation

Mailing Address: _____
Street City State Zip Code

Name: _____
First MI Last Designation

Mailing Address: _____
Street City State Zip Code

SECTION 3 INSURANCE HISTORY

Have you ever had any insurance policy declined, cancelled or non-renewed? Yes No

If yes, please provide the type of policy, date(s) and reason(s): _____

Are you aware of any situation that could lead to a property or liability claim? Yes No

If yes, please provide the type of policy and reason: _____

Have you had any property or liability claims within the past 5 years? Yes No

If yes, please provide the following information:

Type of policy: _____ Date of incident: _____ Date claim was reported: _____

What is the current status of the claim?: Open Closed Amount paid: \$ _____

Please provide details of claim (attach a separate piece of paper if necessary): _____

List current insurance carrier(s) (if none, state "None"):

_____ Occurrence Claims Made
Current Carrier Effective Date Expiration Date

List prior insurance carrier(s) (if none, state "None"):

_____ Occurrence Claims Made
Prior Carrier Effective Date Expiration Date

_____ Occurrence Claims Made
Prior Carrier Effective Date Expiration Date

_____ Occurrence Claims Made
Prior Carrier Effective Date Expiration Date

**SECTION 4
PREMISIS AND OPERATIONS**

Hired and Non Owned Auto:

Do your employees use their own vehicles on company business? Yes No

If yes, do you want to add coverage for Hired/Non-Owned Autos? Yes No

(Hired Non-Owned Coverage - protects the policyholder against liability incurred while driving an automobile not owned or hired by the policyholder or resulting from the use of someone else's automobile on the insureds behalf, such as using a personal car for the employers business purposes).

In the section below, the limits shown are automatic coverage limits included in the policy. Please indicate on the corresponding line if you desire higher limits than what is shown.

Accounts Receivables (\$25,000 included).....	\$ _____
Valuable Papers & Records (\$25,000 included).....	\$ _____
Antennae & Satellites (\$1,000 included)	\$ _____
Electronic Data Processing Equipment & Media (\$10,000 included)	\$ _____
Employee Dishonesty (\$10,000 included)	\$ _____
Fine Arts (\$10,000 included)	\$ _____
Forgery or Alteration (\$10,000 included)	\$ _____
Free Standing Fences & Walls (\$2,500 included)	\$ _____
Money & Securities (\$10,000 inside / \$2,500 outside included)	\$ _____
Off Premises Power / Water Failure (\$10,000 included)	\$ _____
Personal Property at Other Locations (\$25,000 included)	\$ _____
Personal Property in Transit (\$2,500 included)	\$ _____
Signs (\$5,000 included)	\$ _____
Tools & Equipment transported for use in other locations (\$5,000 included).....	\$ _____

Building and Business Personal Property Location 1:

Location Address: _____
Street
City
State
Zip Code

County: _____ Interest Type: Owner Tenant Condo Unit Owner

Building Replacement Cost Limit \$ _____ Business Personal Property Limit \$ _____

Deductible: \$250 \$500 \$1,000 \$2,500 If you are a tenant, do you want glass coverage? Yes No

Is the property within 1,000 feet from a fire hydrant? Yes No

Is the distance to responding fire station less than 5 miles? Yes No

Is the property located within 1,000 feet of a navigable body of water? Yes No

If yes, what body of water? _____

Location 1 - Building Construction Type (please check one):

Brick Veneer Frame Fire Resistive Joisted Masonry Masonry Non-combustible

Year Built? _____ If over 25 years, what year were the following upgrades made:

Wiring _____ Plumbing _____ Heating _____ Roof _____

Total Square Footage: _____ Number of Stories: _____ Basement: Yes No

Is your building equipped with any of the following systems? **Sprinkler:** Yes No

Fire Alarm: Yes No Central Local **Burglar Alarm:** Yes No Central Local

Mortgage and Loss Payee Information:

Name Address Mortgagee Loss Payee

Lessor of Leased Equipment:

Name Address Loss Payee Additional Insured

Building and Business Personal Property Location 2:

Location Address: _____
Street City State Zip Code

County: _____ Interest Type: Owner Tenant Condo Unit Owner

Building Replacement Cost Limit \$ _____ Business Personal Property Limit \$ _____

Deductible: \$250 \$500 \$1,000 \$2,500 If you are a tenant, do you want glass coverage? Yes No

Is the property within 1,000 feet from a fire hydrant? Yes No

Is the distance to responding fire station less than 5 miles? Yes No

Is the property located within 1,000 feet of a navigable body of water? Yes No

If yes, what body of water? _____

Location 2 - Building Construction Type (please check one):

Brick Veneer Frame Fire Resistive Joisted Masonry Masonry Non-combustible

Year Built? _____ If over 25 years, what year were the following upgrades made:

Wiring _____ Plumbing _____ Heating _____ Roof _____

Total Square Footage: _____ Number of Stories: _____ Basement: Yes No

Is your building equipped with any of the following systems? **Sprinkler:** Yes No

Fire Alarm: Yes No Central Local **Burglar Alarm:** Yes No Central Local

Mortgage and Loss Payee Information:

Name Address Mortgagee Loss Payee

Lessor of Leased Equipment:

Name Address Loss Payee Additional Insured

SECTION 5 UMBRELLA COVERAGE

Note: This section is to be completed only if you are requesting Umbrella Coverage.

Umbrella Information	Yes	No
Do you have any foreign sales?		
Has any product, work, accident, or location been excluded, uninsured or self-insured from any previous coverage?		
Are any operations or property not covered under this policy?		
Are there any owned watercraft or aircraft exposures?		
Do you have any other professional liability exposures not covered under this policy?		
Do you have any liquor liability exposure not covered under this policy?		
Do you have any foreign liability or travel exposure?		

Umbrella Additional Exposures (Complete if Umbrella is desired over Workers Compensation)

Workers' Compensation and Employer's Liability – are any employees subject to:	Yes	No
Admiralty jurisdiction or Jones Act?		
Federal Longshoreman's and Harborworker's Act?		
Federal Employers' Liability Act?		
Foreign Employers' Liability?		
Non-appropriated Fund Instrumentalities Act?		
Is Workers' Compensation or Employers' Liability carried by the insured?		
If yes, name of Carrier: _____ Is carrier <input type="checkbox"/> Assigned risk <input type="checkbox"/> State Fund <input type="checkbox"/> Self Insured <input type="checkbox"/> Voluntary licensed Company		
Is the carrier an "Acceptable Voluntary Market Licensed" company that is "A" rated or better with a minimum of \$20 million in policy holder surplus?		
Auto Liability: Are any owned or long-term leased vehicles not insured under the automobile portion of this policy?		

Umbrella Underlying Policy Information

Policy Type	Company	Limits
Workers' Compensation		
Auto	<i>Umbrella is not available over any Auto exposure</i>	
Other		

SECTION 6 OPTIONAL COVERAGES

Listed below are optional coverages available through the Optometric Protector Plan. Please check the corresponding box if you are interested in receiving a quote or additional information. *Coverage may not be available in all states.*

<input type="checkbox"/> Professional Liability	<input type="checkbox"/> ERISA Bonds	<input type="checkbox"/> Employment Practices Liability
<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Cyber Coverage – <i>Coming Soon</i>	<input type="checkbox"/> Disability Coverage (Own Occupation)
<input type="checkbox"/> Builders Risk Coverage	<input type="checkbox"/> Flood Coverage	<input type="checkbox"/> Business Overhead Coverage

EMPLOYMENT PRACTICES LIABILITY COVERAGE* OPT-OUT ACKNOWLEDGEMENT

To be completed and returned with your application if coverage is not desired.

I acknowledge that Employment Practices Liability Insurance has been offered as part of my Precision Policy. I understand that Employment Practices Liability Insurance provides an insured person with protection against employee's claims for actual or alleged acts of harassment or discrimination.

I have independently evaluated my business's environment and the potential exposure to claims of harassment or discrimination. Based on my evaluation, I have determined not to accept Employment Practices Liability Insurance protection.

By my signature below, I choose to reject this Employment Practices Liability Insurance and request that the coverage be removed from my policy, effective with the date it was first added. I understand that I will not have Employment Practices Liability coverage under my policy.

Named Insured's Signature

Date

*Note: Employment Practices Liability Coverage may not be available in all states, please inquire as to the availability.

Personal Financial Responsibility Score (PRFS)

PRFS is an insurance score based on consumer credit information and is used for pricing new business for Foremost Business Owners Policies. Use of PRFS could help customers realize a lower premium on their quote.

As part of the underwriting process for new business policies with Foremost, please complete the required information below and return with your application.

_____		_____	
Name	Title (Independent contractor OD, Principal, Owner)		
_____		_____	
Personal mailing address	City	State	Zip
_____/_____/_____		_____	
Date of Birth	Driver's License Number		
____-____-____		_____	
Social Security Number (Optional)	Email address		
_____		_____	
Signature	Date		

Do you authorize Foremost Insurance to obtain your personal credit report and other consumer report information from a consumer reporting agency for the purpose of generating a business insurance quote, underwriting any resulting insurance policy, and/or underwriting any subsequent renewals?

Please note: The credit inquiry is a "soft" inquiry, which should not impact the customer's credit score

Yes No*

Once a proposal for coverage is issued, you will be receiving an email from Foremost Commercial Insurance (commercialinsurance@formost.com) to confirm your consent provided on this form. Click on the hyperlink provided and select the "I Agree" button. If the quote is converted to a policy but you do not confirm the authorization, the policy will be flat cancelled.

The Fair Credit Reporting Act (FCRA) limits the access and use of consumer credit information. While the use of credit information to underwrite personal lines is well known, Foremost believes that it is important that business owners understand and agree to the use of personal credit history information to underwrite business insurance. Accordingly, Foremost business Insurance requires "written instructions" from business owner to access consumer credit information for purposes of commercial lines underwriting. Written consent is required on all quotes using PRFS for all applicable business entities.

*If the applicant declines the use of PRFS, the quote will be priced using the highest PRFS score that can be applied, which may produce a higher price. Where permission is granted, but the PRFS score is worse than neutral, or where no consumer credit information is available, the quoted price generally won't be higher than if the consumer declines to allow access to their credit information.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (For District of Columbia residents only: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.) (For Florida residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.) (For Louisiana residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) (For Maine residents only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.) (For New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Pennsylvania residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.) (For Tennessee residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For Vermont residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.) (For Washington residents only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.)

COMPLETION OF THIS FORM NEITHER BINDS COVERAGE NOR GUARANTEES A POLICY WILL BE ISSUED.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

POLICY PAYMENT PLAN:

Please select one of the following: Annual Semi-Annual* Quarterly* Monthly*

**Please note: A service charge will apply per installment*

CONTACT INFORMATION:



Optometric Protector Plan®
P.O. Box 173166
Tampa, FL 33672-1166

Toll-free Customer Service: 1-888-297-5230
Fax: (813) 222-4370
Email: info@oppinsurance.com

Website: www.oppinsurance.com

OPTOMETRIC
PROTECTOR PLAN

CA License: 0G51291

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