

BOP Quick Quote

JULY 2025



HOSPITALITY®
Insurance Company

Taking the Risk Out of Hospitality

Quick Quote Mode Toggle

Quick quote mode will be defaulted for agents. This **removes** the underwriting questions past the “Insured” tab as well as makes certain fields **optional** for the quick quote process.

Underwriters will always have a full view, and not a Quick Quote View.

The screenshot shows the Hospitality Insurance Company's Quick Quote Mode interface. The top navigation bar includes tabs for 'Building/Contents', 'Coverage', 'Forms', and 'Pricing'. The 'Quick Quote Mode' toggle is circled in the top right corner. The form is divided into several sections:

- Agent:** Includes fields for '6/30/2025', '6/30/2026', '12 Month', '6/30/2025', 'MA', and 'HMIC'.
- Business Description:** Includes a field for 'Business'.
- Underwriting Name:** Includes a field for 'Please Select...'.
- Send Quote To:** Includes a field for 'Send Quote To'.
- Send Quote To email:** Includes a field for 'Send Quote To email'.
- ShowFinanceOptions:** Includes a checkbox for 'ShowFinanceOptions'.
- Insured Representative:** Includes fields for 'First Name', 'Middle Name', 'Last Name', 'Business Phone Number', 'Alternate Phone Number', and 'Email Address'.

No Changes to “Insured” Tab

Primary Insured		Insured Representative	
Insured Type	Business	First Name	
Legal Entity	Limited Liability Company	Middle Name	
Company Name / DBA	Hospitality Insurance Group LLC	Last Name	
Business Phone Number		Business Phone Number	
Alternate Phone Number		Alternate Phone Number	
E-mail		Email Address	

Insured's Address		Mailing Address	
		Mailing same as insured? <input checked="" type="checkbox"/>	
Addressee Type	Select...	Addressee Type	Select...
Addressee Name		Addressee Name	
Street Address	106 SOUTHVILLE RD	Street Address	106 SOUTHVILLE RD
Apartment, Suite, Etc.		Apartment, Suite, Etc.	
City	SOUTHBOROUGH	City	SOUTHBOROUGH
State/Territory	Massachusetts	State/Territory	Massachusetts
Zip code	01772-2082	Zip code	01772-2082
Country	United States of America	Country	United States of America

Part 1: Underwriting Questions	
1. Is the applicant's occupancy less than 35,000 square feet?	Please Select...
2. Is the applicant's restaurant occupancy less than 7,500 square feet?	Please Select...
3. Is the applicant's annual gross sales less than \$6,000,000? (exclude gasoline sales)	Please Select...
4. Is the building less than 6 stories and less than 100,000 square feet?	Please Select...
5. Is the risk fully occupied, no vacancies and no seasonal operations?	Please Select...
6. Does the business close before midnight?	Please Select...
7. Is the seating Capacity under 150?	Please Select...
8. Is the catering exposure 10% or less?	Please Select...
9. Any risk under renovation or new construction? (Builders Risk Needed)	Please Select...
10. Any sales of firearms, ammunition or fireworks?	Please Select...
11. Are any of the following classes on the risk?	Please Select...

Amusement Places	Establishments open 24 hours	Beer Gardens
Apartment Buildings	Mfg. Operations	Nightclubs
One or Two family Dwellings	Cigar Bars	Social Clubs
Habitational Exposures including mixed occupancies	Hookah Bars	Sportsman's clubs
Residential Condo Associations	Household personal property	Catering Operation
Banks, credit unions or other similar businesses	Schools	Music Venues
Motels	Self Storage facilities	Gentleman's Clubs
Contractors	Bars	Function Halls/Banquet Halls
Wholesale risks	Auto Repair	LPG Tank Filling or Service
	Car Wash	

Send To Support

Save and Close Cancel Continue

Policy Tab

Only the fields in **yellow** need to be selected/completed.

Insured

Policy

Location

Building/Contents

Coverage

Forms

Pricing

Hospitality Insurance Group LLC

Quote: QBO0009209

Term: 06/30/2025 - 06/30/2026

Quick Quote Mode

Save and Close

Previous

Cancel

Continue

Policy Coverages

Liability and Medical Expense Per Occurrence Limit

\$1,000,000

Terrorism

Yes

Other Than Products/Completed Operations Aggregate Limit

\$2,000,000

Terrorism Limit

\$1,000,000

Products/Completed Operations Aggregate Limit

\$2,000,000

Employment Practices Liability

No

'Per Person' Medical Expense Limit

\$5,000

Association Membership

No

Exclude Products/Completed Operations

No

Damage to Premises Rented to You

\$50,000

IRPM

Management - Cooperation in matters of safeguarding and proper handling of the property covered.

Location - Accessibility, congestion and exposures.

Building Features - Age, condition and unusual structural features.

Premises And Equipment - Care, condition and type.

Employees - Selection, training, supervision and experience.

Protection - Not otherwise recognized.

IRPM Total

0%

Send To Support

Save and Close

Previous

Cancel

Continue

Location Tab

Only the fields in **yellow** must be completed for Quick Guide.

Underwriting questions have been **removed**.

Insured Policy Location Building/Contents Coverage Forms Pricing

Hospitality Insurance Group LLC
Quote: QB00009209
Term: 06/30/2025 - 06/30/2026

Quick Quote Mode Save and Close Previous Cancel Continue

Location #1 + Add Copy Remove

Description to help recognize what is at this location:

Address Copy Insured Address Copy Mailing Address

Street Address 106 SOUTHVILLE RD

Apartment, Suite, Etc.

City SOUTHBOROUGH

State Massachusetts

Zip code 01772-2082

Territory

Locality Southborough/Worcester

Territory Code 717

Protection Class Territory 4

Protection Class Calculated:

Details

Miles to Fire Station 5 miles or less

Feet to Hydrant Within 1,000 Feet

Distance to Coast

Protection Class

Does your business provide delivery service or valet parking? No

Property Deductible \$2,500

Windstorm or Hail ("Named Storm in RI") Percentage Deductible None

Is there any Liquor Exposure at this location No

Latest Hour Open Before 8:00 PM

Number of Residential Units 0

Send To Support Save and Close Previous Cancel Continue

Building/ Contents Tab

Completed all fields in
yellow, plus the following:

- Level of coverage
- Building limit/BPP limit or a combination of both
- Annual Gross Sales

Test Quote
Quote: QB00009209
Term: 06/30/2025 - 06/30/2026

Location
Location #1

Building
Building #1 + Add Copy X Remove

Classification Code
63851 - Offices|Insurance Agents|Office

Building Description

Classification Details

Classification Code	63851	Liability Exposure Base	LOI
Class Code Description	Offices Insurance Agents Office	Property Rate Number	1.00
Class Group	Offices		
Class2	Office		

Details

Occupancy	Owner-Occupant	Fire Alarm	Central
Construction Type	Frame	Automatic Sprinkler System	Yes
Construction Year	2022	Smoke Detectors:	Hard-Wired
Electrical System Updated?	Please Select...	Burglar Alarm	Central
Roof Updated?	Please Select...	Square Footage: Applicant's Occupancy	
Plumbing Updated?	Please Select...	Square Footage: Total Building	
Heating System Updated?	Please Select...	Number of Stories	2

Coverage

Level of Coverage	Building & Business Personal Property	Condo-Owners Optional Coverage	No
Building Limit	\$1,000,000	Specified Business Personal Property Temporarily Away From Premises Limit	
Business Personal Property Limit	\$500,000	Ordinance or Law	None
Annual Gross Sales	\$200,000		
Automatic Increase in Insurance	8%		

Mortgagee Company
Select Finance Provider... + Attach

Send To Support

Save and Close Previous Cancel Continue

Coverage Tab

Complete fields in **yellow**.

Insured

Policy

Location

Building/Contents

Coverage

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Pricing

Test Quote

Quote: QB00009209

Term: 06/30/2025 - 06/30/2026

Quick Quote Mode

Save and Close

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Cancel

Continue

Location

Location #1

Business Income and Extra Expense Limit of Insurance

\$200,000

Hired Auto and Non-owned Auto Liability

Yes

Equipment Breakdown Perishable Goods Limit

\$25,000

Hired Auto and Non-owned Auto Liability Limit

\$1,000,000

Equipment Breakdown Deductible

\$2,500

HiredNonOwnedAutoAggregateLimit

\$2,000,000

Coverage Enhancement Options

Prime Plus

Restaurant class included on Location

No

Cyber Tier

3

Convenience Store included on Location

No

Cyber Suite Coverage Limit

\$50,000

Food Contamination

No

Send To Support

Save and Close

Previous

Cancel

Continue

Forms Tab

Add all forms you wish to add to this tab.

You may be prompted to add form BP0430 which is located under the **“Building #1” Dropdown** as shown **here**.

Test Quote
Quote: QB00009209
Term: 06/30/2025 - 06/30/2026

Quick Quote Mode Save and Close Previous Cancel Continue

Select Level of Form in the Dropdown: Policy, Location, Building
Building #1

Current Endorsements

Form Code	Id	Edition	Description	Category	Premium
No items to display					

Available Endorsements

Form Code	Edition	Description	Category	Add	Allowed	Info	Required
<input type="checkbox"/> BP1231	01_10	Additional Insured - Building Owner ⓘ	N/A	1	99	✓	
<input checked="" type="checkbox"/> BP0430	07_13	Protective Safeguards ⓘ	N/A	1	1	✓	
<input type="checkbox"/> BP1410	01_10	Brands And Labels ⓘ	N/A	1	1		
<input type="checkbox"/> BP1203	01_10	Loss Payable Clauses ⓘ	N/A	1	99	✓	
<input type="checkbox"/> BP1423	01_10	Exclusion - Designated Products ⓘ	N/A	1	99	✓	

1 - 5 of 5 items

Send To Support Save and Close Previous Cancel Continue

Test Quote
Quote: QB00009209
Term: 06/30/2025 - 06/30/2026

Quick Quote Mode Save and Close Previous Cancel Continue

Select Level of Form in the Dropdown: Policy, Location, Building
Building #1

Current Endorsements

Form Code	Id	Edition	Description	Category	Premium
BP0430	40	07_13	Protective Safeguards ⓘ	N/A	\$0.00

Protective Safeguards Symbols Applicable: P-1, P-2, P-9

Describe any "P-9": Automatic Burglar Alarm Connected to Central Station

1 - 1 of 1 items

Available Endorsements

Form Code	Edition	Description	Category	Add	Allowed	Info	Required
<input type="checkbox"/> BP1231	01_10	Additional Insured - Building Owner ⓘ	N/A	1	99	✓	
<input type="checkbox"/> BP1410	01_10	Brands And Labels ⓘ	N/A	1	1		
<input type="checkbox"/> BP1203	01_10	Loss Payable Clauses ⓘ	N/A	1	99	✓	
<input type="checkbox"/> BP1423	01_10	Exclusion - Designated Products ⓘ	N/A	1	99	✓	

1 - 4 of 4 items

Send To Support Save and Close Previous Cancel Continue

Pricing

If all fields are completed, you will be given a price.

In order to navigate to the “Payment/Referral Tab” to refer the quote to underwriting, you will have to **switch from “Quick Quote Mode” to “Application Mode”**.

You will then be prompted to answer the underwriting questions on each tab.

Items for review - Click to Review

ⓘ This is informational only

Policy #1
Please visit Payment/Referral Tab to refer your quote to Underwriting.

Insured Policy Location Building/Contents Coverage Forms Pricing

Test Quote
Quote: QB00009209
Term: 06/30/2025 - 06/30/2026

Quick Quote Mode Save and Close Previous Cancel

Refresh Rate

Total Premium: \$6,340.00 Alternate View

Description	Premium
Policy #1	\$6,340.00
Employment Practices Liability	\$485.00
Terrorism	\$9.00
Location #1	\$5,846.00
Hired and Non-owned Auto Liability	\$140.00
Cyber	\$256.00
Equipment Breakdown Premium	\$270.00
Coverage Enhancement Endorsement	\$250.00
Building #1	\$4,930.00
Building Rating	\$2,270.00
Business Personal Property Rating	\$1,310.00
Liability Rating	\$1,350.00

Send To Support Save and Close Previous Cancel

Insured Policy Location Building/Contents Coverage Forms Pricing Reports Payment/Referral

Test Quote
Quote: QB00009209
Term: 06/30/2025 - 06/30/2026

Application Mode Save and Close Previous Cancel Continue

Refresh Rate

Total Premium: \$6,340.00 Alternate View

Description	Premium
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Equipment Breakdown Premium	\$270.00
Coverage Enhancement Endorsement	\$250.00
Building #1	\$4,930.00
Building Rating	\$2,270.00
Business Personal Property Rating	\$1,310.00
Liability Rating	\$1,350.00

Send To Support Save and Close Previous Cancel Continue

Reports Tab

Quotes are **not** bindable at this stage. Application and quote can be viewed by the agency, however they must be **approved by underwriting**.

Insured

Policy

Location

Building/Contents

Coverage

Forms

Pricing

Reports

Payment/Referral

Test Quote

Quote: QB00009209

Term: 06/30/2025 - 06/30/2026

Save and Close

Previous




Cancel

Continue

Generate Reports

E-mail Selected

View Selected

<input type="checkbox"/>	View	Report
<input type="checkbox"/>		New Business Quote (BOP) - Insured
<input type="checkbox"/>		New Business Quote (BOP) - Agency
<input type="checkbox"/>		Application

Send To Support

Save and Close

Previous

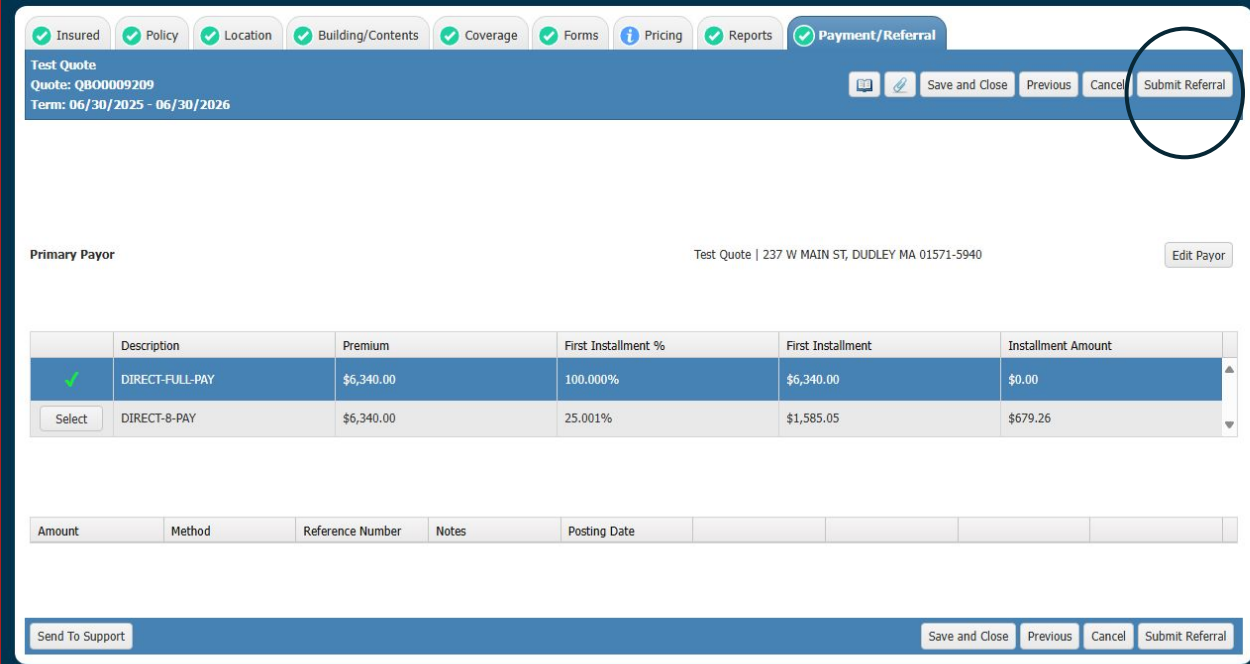
Cancel

Continue

Payment/ Referral

Hit **“Submit Referral”** to submit quote to underwriting for review.

Underwriting will send you a **bindable quote** as well as **copy of the application** once reviewed and approved.



The screenshot shows the 'Payment/Referral' tab selected in the top navigation bar. The interface includes a header with quote details: 'Test Quote', 'Quote: QB00009209', and 'Term: 06/30/2025 - 06/30/2026'. Below this is a 'Primary Payor' section with the address '237 W MAIN ST, DUDLEY MA 01571-5940'. A table displays two payment options: 'DIRECT-FULL-PAY' and 'DIRECT-8-PAY'. The 'DIRECT-FULL-PAY' option is selected, indicated by a green checkmark. The table columns are: Description, Premium, First Installment %, First Installment, and Installment Amount. At the bottom, there is a 'Send To Support' button and a row of navigation buttons: 'Save and Close', 'Previous', 'Cancel', and 'Submit Referral'.

	Description	Premium	First Installment %	First Installment	Installment Amount
<input checked="" type="checkbox"/>	DIRECT-FULL-PAY	\$6,340.00	100.000%	\$6,340.00	\$0.00
<input type="checkbox"/>	DIRECT-8-PAY	\$6,340.00	25.001%	\$1,585.05	\$679.26