



United States Liability Insurance Group

Clothing Store Application

SUPPLEMENTAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Name of Applicant _____ Date: _____

If you have a website, include your website address: _____

General Questions:

- | | Prohibited | Submit | Eligible |
|--|------------------------------|------------------------------|-----------------------------|
| 1. Any prior claims? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Any prior tax liens, bankruptcy or felony conviction? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 3. Annual sales over \$3,000,000? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 4. Is the store Total area greater than 7,500 Sq. Ft. | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 5. Are projected sales less than 2 times inventory? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 6. Does the risk sell infant/children merchandise?(Premises Preferred eligible) | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 7. Does the risk sell orthopedic shoes? (Premises Preferred eligible) | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 8. Does the risk sell protective clothing?(Premises Preferred eligible) | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 9. Does the risk sell riding apparel or equipment? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 10. Does the risk sell used, consignment or salvage merchandise? (Premises Preferred eligible) | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 11. Does the risk rent any products other than tuxedos or formal wear? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 12. Does the risk directly import any products?(Premises Preferred eligible) | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 13. Does the risk have armed security guards or firearms on the premises? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 14. Is the risk a clothing manufacturer? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Does the risk sell "own brand" products? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Are there any fashion shows held during the year? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Is food and beverage offered or sold to customers on premises? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Property Questions:

- | | | |
|--|------------------------------|------------------------------|
| 18. Is all electrical wiring on circuit breakers? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 19. Is there any aluminum or Knob and Tube wiring on the premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Are fur products sold? (Incidental fur is acceptable - i.e. fur collars) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

List items sold other than clothing and shoes _____

Building Age _____ Protection class _____ Total area _____ sq. ft. Parking area _____ sq. ft.

Store Hours? _____

Average value of Stock _____ Maximum Value of Stock _____

- Protective devices: (check all that apply) Smoke detectors Local alarm Fire Extinguishers Video surveillance
- Sprinkler system covering 100% of premise Central station burglar alarm Central station fire alarm
- Partial Sprinkler System ___% Security sensors on items above \$_____ Locked chains for items above \$_____

Submit Details _____

Fraud Statement: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violations.

If the applicant is located in the State of New York, the State of New York requires that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker. _____

Address. _____

Mail Completed Application
 Through Local Agent or Broker to: _____

Applicants Signature: _____ Date: _____ CSP-APP (10/04)