



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
	FAX (A/C, No.):				
POLICIES OR PROGRAM REQUESTED			POLICY NUMBER		
INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER		GARAGE AND DEALERS	
<input type="checkbox"/> PROPERTY		<input type="checkbox"/> INSTALLATION/BUILDERS RISK		<input type="checkbox"/> VEHICLE SCHEDULE	
<input type="checkbox"/> GLASS AND SIGN		<input type="checkbox"/> ELECTRONIC DATA PROC		<input type="checkbox"/> BOILER & MACHINERY	
<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY		<input type="checkbox"/> WORKERS COMPENSATION	
<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME		<input type="checkbox"/> BUSINESS AUTO		<input type="checkbox"/> UMBRELLA	
<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO		<input type="checkbox"/> TRUCKERS/MOTOR CARRIER			
CODE:	SUB CODE:				
AGENCY CUSTOMER ID:					

STATUS OF TRANSACTION			PACKAGE POLICY INFORMATION				
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
CHANGE	DATE	TIME			<input type="checkbox"/> DIRECT BILL		
<input type="checkbox"/> CANCEL		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> AGENCY BILL		

APPLICANT INFORMATION							
NAME (First Named Insured & Other Named Insureds)			FEIN OR SOC SEC # (of First Named Insured):		MAILING ADDRESS INCL ZIP+4 (of First Named Insured)		
			PHONE (A/C, No, Ext):				
E-MAIL ADDRESS(ES):			WEBSITE ADDRESS(ES):				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED	
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	NO. OF MEMBERS AND MANAGERS					
INSPECTION CONTACT		PHONE (A/C, No, Ext):	ACCOUNTING RECORDS CONTACT		PHONE (A/C, No, Ext):		

PREMISES INFORMATION									
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4			CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	PART OCCUPIED
					<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT			
					<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT			

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)	

GENERAL INFORMATION			
EXPLAIN ALL "YES" RESPONSES	YES NO	EXPLAIN ALL "YES" RESPONSES	YES NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?		7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	
4. ANY CATASTROPHE EXPOSURE?		11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)			

REMARKS/PROCESSING INSTRUCTIONS
---------------------------------

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)							CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS		
						OPEN		
						CLOSED		
						OPEN		
						CLOSED		

REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	ATTACHMENTS
		STATE SUPPLEMENT(S) (If applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

**NOTICE OF INSURANCE INFORMATION PRACTICES** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ACORD 125 (2003/01)

# ACORD<sup>TM</sup> COMMERCIAL GENERAL LIABILITY SECTION

DATE

PRODUCER <input type="checkbox"/> PHONE (A/C, No, Ext):  CODE: _____ SUB CODE: _____ AGENCY CUSTOMER ID: _____	APPLICANT (First Named Insured)  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">EFFECTIVE DATE</td> <td style="width:15%;">EXPIRATION DATE</td> <td style="width:15%;">DIRECT BILL</td> <td style="width:25%;">PAYMENT PLAN</td> <td style="width:30%;">AUDIT</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td>AGENCY BILL</td> <td></td> </tr> </table> FOR COMPANY USE ONLY	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT			<input type="checkbox"/>					<input type="checkbox"/>	AGENCY BILL	
EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT												
		<input type="checkbox"/>														
		<input type="checkbox"/>	AGENCY BILL													

COVERAGES	LIMITS	PREMIUMS
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	GENERAL AGGREGATE \$ _____ PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____ PERSONAL & ADVERTISING INJURY \$ _____ EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (each occurrence) \$ _____ MEDICAL EXPENSE (Any one person) \$ _____ EMPLOYEE BENEFITS \$ _____	PREMISES/OPERATIONS  PRODUCTS  OTHER  TOTAL
DEDUCTIBLES PROPERTY DAMAGE \$ _____ PER CLAIM BODILY INJURY \$ _____ PER OCCURRENCE		
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the Business Auto Section, ACORD 127)		

## SCHEDULE OF HAZARDS

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS

**RATING AND PREMIUM BASIS**  
 (S) GROSS SALES - PER \$1,000/SALES      (P) PAYROLL - PER \$1,000/PAY      (C) TOTAL COST - PER \$1,000/COST      (U) UNIT - PER UNIT  
 (A) AREA - PER 1,000/SQ FT      (M) ADMISSIONS - PER 1,000/ADM      (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)	EMPLOYEE BENEFITS LIABILITY
1. PROPOSED RETROACTIVE DATE:	1. DEDUCTIBLE PER CLAIM: \$ _____
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:	2. NUMBER OF EMPLOYEES:
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	4. RETROACTIVE DATE:
REMARKS	REMARKS

**CONTRACTORS**

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED		\$ PAID TO SUB-CONTRACTORS:		% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	

**PRODUCTS/COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?				6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?				7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				8. PRODUCTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				9. VENDORS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?			
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC							

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)				14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?				15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?				16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			
7. ANY PARKING FACILITIES OWNED/RENTED?				18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			
8. IS A FEE CHARGED FOR PARKING?				19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			
9. RECREATION FACILITIES PROVIDED?				20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			
10. IS THERE A SWIMMING POOL ON THE PREMISES?							
11. SPORTING OR SOCIAL EVENTS SPONSORED?							
REMARKS							
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)							

ACORD 126 (2000/04)

ATTACH TO APPLICANT INFORMATION SECTION

**RESTAURANT / BAR / TAVERN OR SIMILAR ESTABLISHMENT  
SUPPLEMENTAL APPLICATION  
WITH OPTIONAL LIQUOR LIABILITY**

TO BE COMPLETED IN ADDITION TO ACORD APPLICATION OR ITS EQUIVLENT

Applicant's Name: \_\_\_\_\_ Agent: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_ Applicant's Phone Number: \_\_\_\_\_

Web Address: \_\_\_\_\_

Proposed Policy Period: \_\_\_\_\_ to \_\_\_\_\_ Inspection Contact: \_\_\_\_\_

Applicant is:  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location Address: \_\_\_\_\_

1. Risk Classification – Provide detailed description of your business operations including target clientele:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Bars, Taverns, Night Clubs or related risks clientele by age: 21-25 \_\_\_\_\_% 26-30 \_\_\_\_\_% 30-40 \_\_\_\_\_% over 40 \_\_\_\_\_%

2. Hours of Operation:

\_\_\_\_\_

3. Total square foot area of premises: \_\_\_\_\_

If there is a kitchen or food preparation area on premises, indicate square foot area: \_\_\_\_\_

Number of Cooking Units? Ranges \_\_\_\_\_ Ovens \_\_\_\_\_ Deep Fat Fryers \_\_\_\_\_ Broilers \_\_\_\_\_ Grills \_\_\_\_\_

Is all cooking performed under hoods?.....  Yes  No

Are all surfaces protected by a working fire suppression system (e.g., Ansul System)? .....  Yes  No

Is there a service agreement in place?.....  Yes  No

Is a service agreement in place for cleaning ventilation ducts?.....  Yes  No

Provide Service Schedule: \_\_\_\_\_

4. Is the building single story? .....  Yes  No

If no, provide complete details of the operation including number of stories, description of all life safety equipment, evacuation plans etc

5. Is there a dance floor? .....  Yes  No

If yes, indicate square foot area: \_\_\_\_\_

6. Is there a parking lot on premises? .....  Yes  No

Is parking area well lit? .....  Yes  No

Is parking area patrolled? .....  Yes  No

Do your employees provide escort to vehicles?.....  Yes  No

7. Do you offer valet parking? .....  Yes  No

If yes, are they your own employees, or do you contract for this service?.....  Employee  Contractor

If contracted, does the lessee provide evidence of insurance naming you as Additional Insured?.....  Yes  No

8. Is there a public lot or other parking lot adjacent to insured premises? .....  Yes  No

If yes, are you under contract or agreement to provide liability coverage? .....  Yes  No

9. Is on street parking available? .....  Yes  No

10. Estimated percentage of patrons who live in the neighborhood and walk in? ..... %
11. Total occupancy rate: .....
12. Are firearms permitted on premises? .....  Yes  No
13. Are employees trained in evacuation plans in the event of an emergency? .....  Yes  No
14. Annual Gross Receipts (Declare all that apply):

	Policy Year Estimate	Last Year Actual
Food	\$	\$
Non-Alcoholic Beverage	\$	\$
Alcoholic Beverage	\$	\$
Package Beverage	\$	\$
Catering	\$	\$
Hall Rental	\$	\$
Other (describe):	\$	\$

15. Provide Staff Details by Job Description:

Job Description	Number	Number	Average # on Duty Any One Time	Alcohol Server Certified (TIPS Training)
Bartenders:	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bouncers:	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cashier:	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Host/Hostess:	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Managers:	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Servers	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. Do you sponsor any on or off-site special events contests or activities? (If yes, provide details).....  Yes  No

17. Indicate all premises entertainment or amusement devices: (check all that apply)

<input type="checkbox"/> Bands (3 or more individuals)	<input type="checkbox"/> Bowling Lanes
<input type="checkbox"/> Burlesque/Nudity	<input type="checkbox"/> Electronic Video Games
<input type="checkbox"/> Piano Bar <input type="checkbox"/> Dinner Theater	<input type="checkbox"/> Gambling/Gaming
<input type="checkbox"/> Karaoke <input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Pool Table <input type="checkbox"/> Shuffleboard <input type="checkbox"/> Darts
<input type="checkbox"/> Open Mic <input type="checkbox"/> Standup Comedy <input type="checkbox"/> Talent Nite	<input type="checkbox"/> Mechanical Bull
<input type="checkbox"/> Juke Box	<input type="checkbox"/> Sports Courts <input type="checkbox"/> Basketball <input type="checkbox"/> Volleyball <input type="checkbox"/> Other

Provide complete description of "other" entertainment or devices not mentioned above:

18. Do you hold a liquor license? .....  Yes  No

If yes, Type of liquor license: \_\_\_\_\_

License Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Are you the original owner of the license? .....  Yes  No

Any liens or encumbrances: .....  Yes  No

Have you been subject to any disciplinary action? (Include violation date, registered charge, and action).....  Yes  No

Details: \_\_\_\_\_

19. Are any adjacent Cities, Towns, Counties or Villages considered dry? .....  Yes  No

If yes, provide the name(s) state the distance in miles:

20. Distance to nearest College or University:..... miles

21. Do you have Happy Hours, drink specials, or drink promotions? .....  Yes  No

If yes, how many days per week are Happy Hours, drink specials, or drink promotions offered? \_\_\_\_\_

What is the maximum length of time in which Happy Hours, drink specials, or drink promotions are offered? \_\_\_\_\_

Any Happy Hours, drink specials or drink promotions offered before 7:00 AM or after 9:00 PM? .....  Yes  No

If yes, provide details: \_\_\_\_\_

22. Are there procedures in place regulating the sale of alcohol to minors or those under the influence? .....  Yes  No

If yes, describe: \_\_\_\_\_

How is the age of the customer verified? \_\_\_\_\_

23. Do you operate a Teen Club during non-peak hours? .....  Yes  No

24. Do you participate in local special events? (e.g., beer tent at local fair).....  Yes  No

25. Select Limit of Liability for Liquor Liability: (You may only select one option)

	Each Common Cause	Aggregate		Each Common Cause	Aggregate
<input type="checkbox"/>	\$ 100,000	\$ 200,000	<input type="checkbox"/>	\$ 500,000	\$ 1,000,000
<input type="checkbox"/>	\$ 300,000	\$ 300,000	<input type="checkbox"/>	\$ 1,000,000	\$ 1,000,000
<input type="checkbox"/>	\$ 300,000	\$ 600,000	<input type="checkbox"/>	\$ 1,000,000	\$ 2,000,000
<input type="checkbox"/>	\$ 500,000	\$ 500,000	<input type="checkbox"/>	Other: \$	\$

26. Optional Coverage – Assault or Battery: (You may only select one option)

<input type="checkbox"/>	\$ 25,000 Each Common Cause	\$ 50,000 Aggregate
<input type="checkbox"/>	\$ 50,000 Each Common Cause	\$ 100,000 Aggregate
<input type="checkbox"/>	\$ 100,000 Each Common Cause	\$ 100,000 Aggregate
<input type="checkbox"/>	\$ 300,000 Each Common Cause	\$ 300,000 Aggregate
<input type="checkbox"/>	Other: \$	\$

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

#### IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

#### FRAUD STATEMENT

##### To Insureds in the States of:

**Alabama, Alaska, Arizona, California, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:**

**NOTICE:** In some states, any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Arkansas**

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.

**Colorado**

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia**

**WARNING:** 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.

**Florida**

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Louisiana**

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.

**New Jersey**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties

**New Mexico**

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 civil fines and criminal penalties.

**New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

**Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania**

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 act, which is a crime, and subjects such person to criminal and civil penalties.

**Rhode Island**

**NOTICE:** Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime in many states.

**Virginia**

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.

**Washington**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

---

Producer's Signature                      Date                      Applicant's Signature                      Date