

26. (Annual sales over \$3 Million, decline)	Prior 12 months	Next 12 months
Grocery Food sales (Do not include alcohol or lottery ticket sales)	\$ _____	\$ _____
Prepared/cooked Food sales	\$ _____	\$ _____
Lottery Ticket sales	\$ _____	\$ _____
Fireworks sold	\$ _____	\$ _____
Alcohol sales	\$ _____	\$ _____
Gallons of Gas sold	_____	_____
Other (from what source) _____	\$ _____	\$ _____

Nonowned or hired auto eligibility questions:

- | | | |
|--|--|-------------------------------------|
| 27. Is there a delivery service now or one implemented at any time in the future? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28. Does applicant own or lease on a long term basis any automobile? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 29. Does applicant require its employees to use their personal automobile to conduct the applicant's business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 30. Coverage Desired: | <input type="checkbox"/> Nonowned Auto | <input type="checkbox"/> Hired Auto |
| 31. General Liability Limit | <input type="checkbox"/> \$300,000 | <input type="checkbox"/> \$500,000 |
| | <input type="checkbox"/> \$1,000,000 | |
| | <input type="checkbox"/> 100/300 | <input type="checkbox"/> 300/300 |
| | <input type="checkbox"/> 300/600 | <input type="checkbox"/> 500/500 |
| | <input type="checkbox"/> 500/1M | <input type="checkbox"/> 1M/1M |
| | <input type="checkbox"/> 1M/2M | |

SECTION III. PROPERTY INFORMATION

32. Is the property seasonal? Yes No
If Yes, months closed _____
33. Electrical system checked by qualified electrician? Yes No
If Yes, when? _____
34. Is the electrical system connected to circuit breakers? (If No, Decline Property) Yes No
35. Does the electrical system have aluminum or knob and tube wiring? (If Yes, Decline Property) Yes No
36. Heating system checked by a qualified contractor? Yes No
If Yes, when? _____
37. Type of roof? Flat Pitched
38. Roof Updated, yr. _____ Electrical Updated, yr. _____ Plumbing Updated, yr. _____ Heating Updated, yr. _____
39. Is the plumbing completely PVC or Copper (No Iron or Lead)? Yes No
40. Any "special" hazards (raised walks, street elevators, etc.)? _____
41. Vacancies in building Yes No
If Yes, _____%
42. Are there functioning smoke detectors in all common and mechanical equipment areas? Yes No
43. Are fireworks sold in or within 20 feet of insured property? (If Yes, Decline Property) Yes No
44. Burglar Alarm: Local Central Station (Attach Copy for Alarm Credit) Surveillance Cameras Watchman
45. Fire Protection: Sprinklers Local Fire Alarm Central Station Fire Alarm Annually Serviced Fire Extinguisher(s)

46. Mortgagee: _____

47. Loss Payee: _____

Limits/Rating Information

48. Deductible: \$1,000 \$2,500 \$5,000
49. Protection Class: 1-6 7-8 9-10
50. Construction Type: Frame Joisted Masonry Steel Masonry Non-Combustible Other _____
51. Building Limit: \$ _____ Actual Cash Value Replacement Cost
52. Contents Limit \$ _____ Actual Cash Value Replacement Cost
53. Business Income Limit: \$ _____ Canopies Limit: \$ _____ Gas Pump Limit: \$ _____

54. Cause of Loss: Standard Special _____ (Requires a central station burglar alarm)
 Special/excluding theft Special w/ theft limit _____ (Requires a central station burglar alarm)

Optional Coverages

55. Money & Securities (Special only) \$ _____ Inside \$ _____ Outside (\$1000 Standard Deductible)
 56. Outdoor Signs \$ _____ Exterior Glass Linear Ft. _____
 57. Equipment Breakdown: (A maintenance contract for all Refrigeration units is warranted) Yes No

Cooking Supplement No Cooking

58. Describe Cooking Equipment used: Deep Fat Fryers Grills Open Flame Oven
 Barbeque Pit/Charcoal grill Smoker Other _____
 59. Describe any outside cooking _____ Distance from building _____
 60. Is the cooking area, hood and duct system protected per NFPA 96 (ansul, extinguishing system)? Yes No
 61. Is there a cleaning contract in force with an outside firm? Yes No
 Frequency of cleaning _____ Date last serviced _____
 62. Type of Extinguishing system? Wet Dry

SECTION IV. LIQUOR LIABILITY

63. Is establishment located within 5 miles of a college or university? Yes No
 64. What is the average age of patrons? Under 21 21-25 26-30 31+
 65. **Hours of alcohol sales:** Mon-Thurs _____ Fri _____ Sat _____ Sun _____
 66. Alcohol beverage sales: Prior 12 months: \$ _____ Next 12 months: \$ _____
 67. Are all alcohol-serving employees certified in a Formal Alcohol Training Course? Yes No
 If yes, provide name of the course (i.e.: TIPS, TAM, RAMP, BEST, etc): _____
 68. Are employees permitted to consume alcohol during their hours of employment? Yes No
 69. **Violations:** Within the past 5 years, has applicant been **fined or cited** for violations of law or ordinance related to illegal activities or the sale of alcohol? Yes No
 If yes, provide date(s) and details of citation(s): _____
 70. Within the past 5 years, has the applicant had any reported **liquor liability claims** or notification of potential liquor] liability claims? Yes No
 If yes, provide date(s), description of claim(s) and status: _____
 Previous Liquor Carrier: _____ Limits _____ Premium _____
 71. Does applicant have valid liquor license? Yes No
 If yes, Name on the license: _____ License #: _____
 72. Limits Desired: Each Common Cause Limit: _____ Aggregate Limit _____

SECTION V. COMMERCIAL UMBRELLA

73. Desired Limits: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000
 74. Auto Liability Carrier: _____ Employer Liability Carrier: _____
 75. Auto Policy Limits: _____ EL Policy Limits: _____
 76. Auto Policy Eff. Date: _____ EL Policy Eff. Date: _____
 77. Auto Policy Premium (Liability only): _____
 78. Vehicle Schedule: (Number & type): _____

 79. Are there any heavy or extra heavy units? (If yes, decline umbrella) Yes No
 80. Have there been any losses greater than \$10,000 in the past 5 years? Yes No
 If yes, give details: _____

Colorado Fraud Statement: 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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: 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 Fraud Statement: 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.

Kentucky Fraud Statement: 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.

Maine Fraud Statement: 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York 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 violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he 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 Fraud Statement: 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 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 subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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.

Applicant's Signature _____ Title _____ Date _____
(Owner or Officer)

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____