

BUSINESS OWNER APPLICATION

DATE (MM/DD/YYYY)

AGENCY		COMPANY			NAIC CODE:	
					POLICY #:	
					BINDER #:	
		COMPANY POLICY OR PROGRAM NAME			PROGRAM CODE:	
					TOTAL PREMIUM:	
PHONE (No Ext):	FAX (No Ext):	<input type="checkbox"/> NEW	EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/> DIRECT BILL	DEPOSIT
E-MAIL:		<input type="checkbox"/> RNWL			<input type="checkbox"/> AGENCY BILL	
CODE:	SUB CODE:	<input type="checkbox"/> QUOTE <input type="checkbox"/> POLICY		POLICY TYPE	PAYMENT PLAN	
AGENCY CUSTOMER ID:		<input type="checkbox"/> BOUND (DATE):		<input type="checkbox"/> STD <input type="checkbox"/> SPEC		

APPLICANT INFORMATION

NAME (First Named Insured)	E-MAIL:				
	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC	GL CODE	SIC	FEIN OR SOC SEC #
	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE			
MAILING ADDRESS (INCLUDING ZIP+4)	<input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER				
	CONTACT FOR INSPECTION			INSPECTION PHONE (No Ext):	

NATURE OF BUSINESS

<input type="checkbox"/> OFFICE / RETAIL / SERVICE	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> RESIDENTIAL CONDOS / APARTMENTS	DATE BUSINESS STARTED
<input type="checkbox"/> WHOLESALE	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> RETAIL / OFFICE CONDOS	

DESCRIPTION OF OPERATIONS

RETAIL STORES: _____ % **INSTALLATION, SERVICE OR REPAIR WORK**

GENERAL INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO	PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO
1. 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)	<input type="checkbox"/>	<input type="checkbox"/>	2. ARE ATHLETIC TEAMS SPONSORED?	<input type="checkbox"/>	<input type="checkbox"/>
3. ARE SUB CONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING A CERTIFICATE OF INSURANCE? IF NOT, WHO CHECKS CERTIFICATES?	<input type="checkbox"/>	<input type="checkbox"/>	PLEASE EXPLAIN:		
4. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? <small>(In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).</small>	<input type="checkbox"/>	<input type="checkbox"/>	5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (NOT APPLICABLE IN MO)	<input type="checkbox"/>	<input type="checkbox"/>
6. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>	<input type="checkbox"/>	7. ANY WORKERS COMPENSATION CARRIED?	<input type="checkbox"/>	<input type="checkbox"/>
8. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?	<input type="checkbox"/>	<input type="checkbox"/>	9. ANY OTHER INSURANCE WITH THIS COMPANY? (LIST POLICY #s)	<input type="checkbox"/>	<input type="checkbox"/>
10. ARE YOU INVOLVED IN MANUFACTURING, MIXING, RELABELING OR REPACKAGEING OF PRODUCTS?	<input type="checkbox"/>	<input type="checkbox"/>	11. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>
12. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	13. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES OR CHEMICALS?	<input type="checkbox"/>	<input type="checkbox"/>
14. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	<input type="checkbox"/>	15. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	<input type="checkbox"/>
16. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	<input type="checkbox"/>			
17. HAVE YOU CARRIED INSURANCE IN THE PAST?	<input type="checkbox"/>	<input type="checkbox"/>	LIST CARRIER NAME, POLICY #, LOSSES IN PAST 3 YRS (date, description, amount paid):		
18. DOES THE BUSINESS OR OWNERS HAVE ANY OUTSTANDING LIENS AGAINST THEM?	<input type="checkbox"/>	<input type="checkbox"/>	19. DOES APPLICANT WANT HIRED AND/OR NON-OWNED AUTO LIABILITY COVERAGE?	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIBE ANY LOCATION / BUSINESS INTEREST OWNED / OPERATED BY INSURED BUT NOT LISTED

OFFICE / RETAIL / SERVICE CLASSES & LESSOR'S RISK: GENERAL INFORMATION

	YES	NO		YES	NO
1. ANNUAL GROSS SALES/RENTAL INCOME:	\$		2. WHAT IS THE SQ FT & # OF STORIES OF THE BUILDING?		
3. ANNUAL EMPLOYEE PAYROLL:	\$		4. IS THE BUILDING OCCUPIED AT LEAST 75%? (If no, please explain)	<input type="checkbox"/>	<input type="checkbox"/>
5. DAILY HOURS OPEN TO THE PUBLIC:					

CONTRACTOR'S: GENERAL INFORMATION

1. NUMBER OF YEARS IN TRADE:		2. PERCENTAGE BREAKDOWN: Exterior: % Interior: % 3+ Stories (Ext): %						
3. PERCENTAGE BREAKDOWN OF CATEGORY(IES) OR WORK PERFORMED: Residential: % Commercial: % New Construction: % Remodeling: %		4. # of FULL-TIME EMPLOYEES: # OWNERS/EXEC. OFFICERS: # of PART-TIME EMPLOYEES:						
5. PERCENTAGE OF WORK PERFORMED DIRECTLY FOR THE CUSTOMER? %		6. PERCENTAGE OF WORK PERFORMED FOR OTHER CONTRACTORS? %						
7. ANNUAL GROSS RECEIPTS: \$								
8. BREAKDOWN OF STATES WHERE INSURED WILL CONDUCT BUSINESS:								
9. WHAT STATE LICENSES DO YOU HOLD?								
10. DESCRIPTION OF OPERATIONS: LAST 3 COMPLETED JOBS: RECEIPT AMOUNTS: \$ \$ \$								
		YES	NO			YES	NO	
11. ARE SUBCONTRACTORS USED?		<input type="checkbox"/>	<input type="checkbox"/>					
12. HAVE YOU OR YOUR EMPLOYEES PERFORMED IN THE PAST THREE YEARS AND/OR INTEND TO PERFORM WORK INVOLVING ANY OF THE FOLLOWING RESTRICTED OPERATIONS:								
ASBESTOS	Y <input type="checkbox"/>	N <input type="checkbox"/>	BACKHOES, TRENCHES OR UNDERGROUND OPERATIONS	Y <input type="checkbox"/>	N <input type="checkbox"/>	CRANES	Y <input type="checkbox"/>	N <input type="checkbox"/>
CUTTING OR WELDING	Y <input type="checkbox"/>	N <input type="checkbox"/>	DEMOLITION	Y <input type="checkbox"/>	N <input type="checkbox"/>	ELECTRIC POWERLINES	Y <input type="checkbox"/>	N <input type="checkbox"/>
EXPLOSIVES	Y <input type="checkbox"/>	N <input type="checkbox"/>	HAZARDOUS WASTE	Y <input type="checkbox"/>	N <input type="checkbox"/>	HEAVY EQUIPMENT	Y <input type="checkbox"/>	N <input type="checkbox"/>
HEIGHTS ABOVE 2 STORIES	Y <input type="checkbox"/>	N <input type="checkbox"/>	HOT TAR	Y <input type="checkbox"/>	N <input type="checkbox"/>	JACK HAMMERS	Y <input type="checkbox"/>	N <input type="checkbox"/>
SCAFFOLDING OVER 3 STORIES	Y <input type="checkbox"/>	N <input type="checkbox"/>	LEAD PAINT	Y <input type="checkbox"/>	N <input type="checkbox"/>	RENTING OR LEASING OF CONTRACTORS EQUIPMENT TO OTHERS	Y <input type="checkbox"/>	N <input type="checkbox"/>
STORAGE OR TRANSPORTATION OF GAS/GASOLINE/OIL/LPG/PROPANE	Y <input type="checkbox"/>	N <input type="checkbox"/>	TOXIC CHEMICALS	Y <input type="checkbox"/>	N <input type="checkbox"/>	SNOW REMOVAL	Y <input type="checkbox"/>	N <input type="checkbox"/>
TREE TRIMMING	Y <input type="checkbox"/>	N <input type="checkbox"/>	SYNTHETIC STUCCO - EIFS (i.e. dry vit)	Y <input type="checkbox"/>	N <input type="checkbox"/>	LPG APPLIANCES & EQUIPMENT (hook-up/installation/repairs/service)	Y <input type="checkbox"/>	N <input type="checkbox"/>
SECURITY/FIRE ALARM SYSTEMS (installation/repairs)	Y <input type="checkbox"/>	N <input type="checkbox"/>	MOLD REMEDIATION	Y <input type="checkbox"/>	N <input type="checkbox"/>	SUBSTANDARD, DISTRESSED, OR CONDEMNED STRUCTURES	Y <input type="checkbox"/>	N <input type="checkbox"/>
ROOFING	Y <input type="checkbox"/>	N <input type="checkbox"/>						

APARTMENTS & CONDOS: GENERAL INFORMATION

		YES	NO			YES	NO
1. WHEN WAS THIS BUILDING ORIGINALLY BUILT?				2. IS THIS BUILDING ON A HISTORICAL REGISTER? (National, State or Local)		<input type="checkbox"/>	<input type="checkbox"/>
3. HOW MANY UNITS ARE IN THE BUILDING?				4. HOW MANY UNITS ARE CURRENTLY OCCUPIED?			
5. ARE SMOKE DETECTORS IN EACH APARTMENT AND ALL COMMON AREAS?		<input type="checkbox"/>	<input type="checkbox"/>	5a. HARD-WIRED? Y <input type="checkbox"/>	N <input type="checkbox"/>	BATTERY? <input type="checkbox"/>	<input type="checkbox"/>
6. WHAT UPDATING HAS BEEN DONE TO THE BUILDING'S ROOF?				6a. HOW LONG AGO IN YEARS?			
7. WHAT ELECTRICAL UPDATING HAS BEEN DONE TO THE BUILDING?				7a. HOW LONG AGO IN YEARS?			
8. WHAT PLUMBING UPDATING HAS BEEN DONE TO THE BUILDING?				8a. HOW LONG AGO IN YEARS?			
9. FIREPLACES IN UNITS? Y <input type="checkbox"/>		N <input type="checkbox"/>	WOOD-BURNING STOVES? <input type="checkbox"/>	<input type="checkbox"/>	9a. DESCRIBE MAINTENANCE PROGRAM:		
GAS FIREPLACES? Y <input type="checkbox"/>		<input type="checkbox"/>	N <input type="checkbox"/>				
10. DO TENANTS IN UPPER FLOORS HAVE SECONDARY MEANS OF EGRESS?		<input type="checkbox"/>	<input type="checkbox"/>	11. DOES THE LEASE CONTRACT LIMIT OR PROHIBIT PETS? <input type="checkbox"/>			
12. DOES THE INSURED RESIDE WITHIN 25-MILE RADIUS OF THIS PROPERTY?		<input type="checkbox"/>	<input type="checkbox"/>	13. IS THIS PROPERTY BEING MANAGED BY A REAL ESTATE PROPERTY MANAGEMENT SERVICE? <input type="checkbox"/>			

FAMILY STYLE RESTAURANT: GENERAL INFORMATION

1. NUMBER OF YEARS THE OWNERS HAVE BEEN IN BUSINESS AT THE INSURED LOCATION?		2. ANNUAL GROSS SALES: \$ FOOD: % ALCOHOL: %					
		YES	NO			YES	NO
3. DAILY HOURS OPEN TO THE PUBLIC:				4. IF ALCOHOLIC BEVERAGES ARE SOLD, HAVE ALL SERVING PERSONEL COMPLETED AN EMPLOYEE TRAINING PROGRAM TO PREVENT IMPROPER SERVING OF ALCOHOL TO PATRONS? <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5. ARE ALL HOODS & FRYERS, GRILLS & RANGES PROTECTED BY AUTOMATING EXTINGUISHING SYSTEMS? <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	6. ARE HOOD & DUCTS CLEANED SEMI-ANNUALLY BY A PROFESSIONAL CLEANING SERVICE? <input type="checkbox"/>			
7. IS THE RESTAURANT OPERATION OPEN AT LEAST 6 MONTHS THROUGHOUT THE YEAR? <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	8. WHAT IS THE SQUARE FOOT AREA OF THE RESTAURANT OPERATION (INCLUDING KITCHEN, DINING & STORAGE AREAS)?			
9. IS THERE A MANAGER/SUPERVISOR ON THE PREMISES DURING THE HOURS OF OPERATION? <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	10. WAS THE BUILDING ORIGINALLY BUILT FOR A COMMERCIAL OCCUPANCY? <input type="checkbox"/>			
11. IS THERE A SECONDARY MEANS OF EGRESS OTHER THAN THROUGH THE KITCHEN? <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	12. ARE THERE PROPERLY MARKED EXITS EQUIPPED WITH APPROVED PANIC HARDWARE TO ALLOW CONTROLLED EXITS? <input type="checkbox"/>			
13. DOES THE RESTAURANT OPERATION OCCUPY AT LEAST 75% OR MORE OF THE BUILDING? <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	14. DOES THE APPLICANT DO ANY CATERING? <input type="checkbox"/>			
15. OTHER EXPOSURES (IF APPLICABLE) IS/ARE THERE:							
PLAYGROUND AREA/EQUIPMENT? Y <input type="checkbox"/>		N <input type="checkbox"/>	PETTING ZOO? <input type="checkbox"/>	<input type="checkbox"/>			
DOCKS OR SLIPS? Y <input type="checkbox"/>		N <input type="checkbox"/>	MINIATURE GOLF? <input type="checkbox"/>	<input type="checkbox"/>			

SCHEDULED EQUIPMENT

						% COINSURANCE	
#	TYPE	DESCRIPTION	ID / SERIAL #	NEW / USED	DATE PURCHASED		
MANUFACTURER		MODEL	MODEL YEAR	CAPACITY	AMT OF INSURANCE		

PREMISES GENERAL INFORMATION

	YES	NO		YES	NO
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION)	<input type="checkbox"/>	<input type="checkbox"/>	2. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED?	<input type="checkbox"/>	<input type="checkbox"/>
3. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE:			4. IS THERE A SWIMMING POOL ON PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
5. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FENCED <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> SLIDE <input type="checkbox"/> IN-GROUND <input type="checkbox"/> LIFE GUARD		

PRIOR POLICY(IES)/LOSS HISTORY See attached loss summary

PREVIOUS CARRIER	<input type="checkbox"/> Not Applicable	POLICY NUMBER	TOTAL PREMIUM	EXP DATE	# LOSSES LAST __ YRS	TOTAL LOSSES \$

DESCRIPTION OF LOSSES, WHETHER OR NOT INSURED (Date, cause, amt paid, claim status)

ADDITIONAL INTEREST

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	<input type="checkbox"/> CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					PREMISES:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER:	
<input type="checkbox"/>		ITEM DESCRIPTION:				

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 AND SUBSEQUENT 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.

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, VA and WA, 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

REMARKS

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