

# ACORD™ COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE

PRODUCER	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	
PROPERTY		INSTALLATION/BUILDERS RISK		VEHICLE SCHEDULE	
GLASS AND SIGN		ELECTRONIC DATA PROC		BOILER & MACHINERY	
ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY		WORKERS COMPENSATION	
CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO		UMBRELLA	
TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER			
CODE:	SUB CODE:				
AGENCY CUSTOMER ID					

### STATUS OF TRANSACTION

### PACKAGE POLICY INFORMATION

QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW	<input type="checkbox"/>	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		AM		DIRECT BILL					
CANCEL				PM		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):										
			INTERNET ADDRESS:										
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	CR BUREAU NAME	<input type="checkbox"/>	ID NUMBER	<input type="checkbox"/>	YEAR BUS STARTED
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	LIMITED CORPORATION								
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	PART OCCUPIED
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	

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

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### GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			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).		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
4. ANY CATASTROPHE EXPOSURE?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
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

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**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, VT; IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)**

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE
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**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
<b>GENERAL LIABILITY</b>	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																	
<b>AUTOMOBILE</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>PROPERTY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>PROPERTY</b>	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)

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

**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. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

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

DATE

PRODUCER <input type="checkbox"/> PHONE (A/C, No, Ext):  CODE: <input type="checkbox"/> SUB CODE: <input type="checkbox"/> AGENCY CUSTOMER ID: <input type="checkbox"/>	APPLICANT (First Named Insured) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">EFFECTIVE DATE</td> <td style="width:20%;">EXPIRATION DATE</td> <td style="width:15%;">DIRECT BILL</td> <td style="width:25%;">PAYMENT PLAN</td> <td style="width:20%;">AUDIT</td> </tr> <tr> <td colspan="2"></td> <td>AGENCY BILL</td> <td colspan="2"></td> </tr> </table> FOR COMPANY USE ONLY	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT			AGENCY BILL		
EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT							
		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: _____ 2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV: _____ 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?    YES NO 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?    YES NO	1. DEDUCTIBLE PER CLAIM: \$ _____ 2. NUMBER OF EMPLOYEES: _____ 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: _____ 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:	# PART-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™ PROPERTY SECTION

DATE

PRODUCER	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)		
CODE:		SUB CODE:		FOR COMPANY USE ONLY
AGENCY CUSTOMER ID:		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL / AGENCY BILL
		PAYMENT PLAN		AUDIT

PREMISES INFORMATION		<input type="checkbox"/> BLANKET COVERAGE	PREMISES #:	BUILDING #:	STREET ADDRESS:		
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING % COINS	ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$		POWER/HEAT \$ DED ELEC MEDIA DAYS ORD OR LAW DAYS	EXT PERIOD DAYS MO PERIOD LIMIT MAX PERIOD DAYS	TUITION FEES \$ STUDENTS \$ OTHER ED SERV/INC	OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	DEPEND PROP % COIN CONT LOC REC LOC MFG LOC LDR LOC (DESCR BELOW)
	NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP						

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS WIRING, YR: _____ ROOFING, YR: _____ OTHER: _____	PLUMBING, YR: _____ HEATING, YR: _____	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	HEATING BOILER ON PREMISES? IF YES, IS INSURANCE PLACED ELSEWHERE?		YES	NO	CENTRAL STATION WITH KEYS
BURGLAR ALARM INSTALLED AND SERVICED BY				# GUARDS/WATCHMEN	CLOCK HOURLY				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CQ /Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION LOCAL GONG	

ADDITIONAL INTERESTS					
RANK:	NAME AND ADDRESS	EVIDENCE	RANK:	NAME AND ADDRESS	EVIDENCE
INTEREST		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY	INTEREST		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		

VALUE REPORTING INFORMATION				
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE				

PREMISES INFORMATION  BLANKET COVERAGE PREMISES #: BUILDING #: STREET ADDRESS:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL		POWER/HEAT \$ _____ DED	EXT PERIOD _____ DAYS	TUITION FEES \$ _____ STUDENTS	OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	
	90 DAYS		ELEC MEDIA _____ DAYS	MO PERIOD \$ _____ LIMIT	OTHER ED SERV/INC \$ _____		DEPEND PROP _____ % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
	180 DAYS		ORD OR LAW _____ DAYS	MAX PERIOD _____			
	\$ _____						

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  
 EXTRA EXPENSE \_\_\_\_\_ DAYS PERIOD REST  
 LIMIT LOSS PAY \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA	
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	BLDG CODE GRADE _____	TAX CODE _____	ROOF TYPE _____	OTHER OCCUPANCIES _____					
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE					
BURGLAR ALARM TYPE	CERTIFICATE # _____	EXPIRATION DATE _____	EXTENT _____	GRADE _____	HEATING BOILER ON PREMISES? IF YES, IS INSURANCE PLACED ELSEWHERE?		YES _____	NO _____	CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY _____					# GUARDS/WATCHMEN _____		CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CCF/Chemical Systems)			% SPRNK _____	FIRE ALARM MANUFACTURER _____					CENTRAL STATION LOCAL GONG	

ADDITIONAL INTERESTS					
RANK: _____	NAME AND ADDRESS _____	EVIDENCE <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY	RANK: _____	NAME AND ADDRESS _____	EVIDENCE <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY
INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE			INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		

VALUE REPORTING INFORMATION				
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE				

REMARKS

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# Gentlemen's Club Supplemental Application

(Complete in addition to ACORD applications for each line of business)



Insured: \_\_\_\_\_  
 Location: \_\_\_\_\_

Circle &/or fill in the appropriate response to each of the below.

**A: All Lines:**

Number of years in business at this location: \_\_\_\_\_  
 Number of years experience operating this type of business: \_\_\_\_\_  
 Business Hours: \_\_\_\_ (a.m. /p.m.) to \_\_\_\_ (am/pm) Number of days open per week: \_\_\_\_\_  
 Describe neighborhood (e.g.: rural, commercial, residential) and crime rate: \_\_\_\_\_

- 1) Has the insured had more than two (2) reported claims in the prior three (3) years or a paid or reserved claim exceeding \$25,000.?  Yes  No
- 2) Is there an outside sports facility?  Yes  No
- 3) Does this risk employ armed or hire armed independent security personnel?  Yes  No
- 4) Is policy period being requested other than annual?  Yes  No

**If any response to questions 1 through 4 above is Yes, the risk must be submitted to the SUBMIT Unit.**

- 5) What is the total square footage of this risk? \_\_\_\_\_ sq. ft.  
**(If over 7,500 sq. ft., the risk must be submitted to the SUBMIT Unit.**
- 6) Does this risk close at or prior to legal closing time and in no instance beyond 4:00 a.m.?  
 Yes  No
- 7) Are adequate means of egress for occupancy level provided?  Yes  No
- 8) Does this risk have adequate emergency lighting (interior)?  Yes  No
- 9) Are parking lots and sidewalks in good condition?  Yes  No

**If any response to questions 6 through 9 above is No, the risk must be submitted to the SUBMIT Unit.**

10) Breakdown of Revenues (Required):

Figures	Prior Year	Estimated Next 12 Months
Food		
Alcohol		
Clothing/Gift Items		
Cover Charges		
Total Revenues*		

**\*If Total Revenues exceed \$1,500,000., the risk must be submitted to the SUBMIT Unit.**

**B: Property:** (You do not need to complete this portion of the application if you are not providing Property quote/coverage.)

- 1) Is any type of cooking done on premises?  Yes  No (If No, skip to question 5 below.)  
 Is cooking microwave only?  Yes  No (If yes, skip to question 5 below.)
- 2) UL approved auto extinguishing system over ALL cooking surfaces & fryers?  Yes  No
- 3) Semi-Annual cleaning contract for extinguishing system?  Yes  No
- 4) Are portable fire extinguishers mounted & accessible to cooking areas?  Yes  No  
 Serviced and Tagged within the past year?  Yes  No
- 5) Is there a Central Station Alarm System?  Yes  No (Required for Special &/or Crime Coverages.)

**If any response to questions 2 through 4 (property) is No, Property coverage must be submitted to the SUBMIT Unit.**

**Gentlemen's Club Supplemental Application**  
(Complete in addition to ACORD applications for each line of business)



**C: Liquor Liability:** (You do not need to complete this portion of the application if you are not providing Liquor Liability quote/coverage, or if *Liquor Liability is not available in your state within this program*. Skip to Order Inspection below.)

- 1) Liquor Licensee Name: \_\_\_\_\_
- 2) Are the premises inside corporate limit of City, Town, or Village?  Yes  No (If no, how far outside (miles)? \_\_\_\_\_)
- 3) Is any adjacent county dry?  Yes  No (If yes, name of County and State): \_\_\_\_\_
- 4) Any claims – last five (5) years arising out of assault with a weapon?  Yes  No (**If yes, Liquor Liability coverage may not be written.**)

**Order Inspection Report to include information on all lines being written for this risk.**

Inspection ordered?  Yes  No      Date Ordered: \_\_\_\_\_

Remarks:

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

Applicant's Signature: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_

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