

CENTURY SURETY GROUP
LIQUOR LIABILITY APPLICATION
(Complete a Separate Application for each location)

1. Name of Applicant(include dba): _____
2. Mailing Address: _____
3. Location Address: _____
4. Applicant is: Individual Partnership Corporation LLC Other
If other, explain: _____
5. Location is: Bar or Tavern Caterer Country Club Mini Mart without Gas
 Mini Mart with Gas Motel/Hotel Package Store Private Club
 Restaurant Special Event (short term) Sports Bar
 Supermarket or Grocery Store Other (explain): _____
(Note: If more than one of the above applies at this location then "x" each applicable box)
6. If private club, indicate type (be specific) and purpose: _____

7. Type(s) of Liquor License? On Sale Off Sale
 Beer Wine Liquor
8. Show Hours and Days of Operation: Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Saturday _____ Sunday _____
9. Show Receipts: Estimated Next 12 Months Last 12 Months
a. Alcoholic Beverages _____
b. Food _____
c. Other _____
10. Indicate type of area where you are located: Commercial (Non-Industrial) Downtown Industrial
 Residential Resort Rural Suburban
11. Do you have any of the following? Athletic Contests or Events Bouncers Comedy Shows
 Dance Floor Dart Board Disc Jockey Doorman
 Exotic Dancers ID Checkers Live Music Mechanical Rides
 Movies or Videos Pinball Machines Pool Tables Shuffleboard
 Security Guards (employees) Video Games Nude Dancers or Nude Reviews
 Security Guards*(independent) Firearms on premises
*Do independent contractors carry liability insurance and provide certificates? Yes No
If you x'd any of above boxes, explain in detail (be specific about type of music provided, etc.): _____

Night Clubs (or any risk where entertainment is a primary function) is only written on a claims made form.

12. Do you sponsor or provide any of the following? Double for single prices Free Alcoholic Drinks
 Ladies Night 2 for 1 drinks Singles Night Drink Specials
13. Percent of patrons arriving and departing by automobile? _____%
14. Maximum number of employees (including owners and managers) on duty at any one time? _____
15. Maximum capacity of premises allowed by law? _____
16. Maximum number of patrons on premises at any one time? _____
17. Average number of patrons on premises at any one time? _____
18. Predominate age range of patrons? 21 - 35 26 - 35 Over 35
19. Do you allow anyone under 21 on your premises? Yes No
If yes, explain _____

- 20a. Have you or this establishment ever been charged, cited or fined by ABC commission or other governmental regulator? Yes No If yes, explain _____

- 20b. Have you or this establishment ever had its alcohol beverage license suspended or revoked? Yes No
- 20c. Number of bartenders? _____ Number of other employees serving alcoholic beverages? _____

CENTURY SURETY GROUP

20d. Does this establishment have an alcohol awareness training program for the prevention of alcohol abuse?

Yes No

If yes, complete the following:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are all servers trained within sixty (60) days of employment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you provide written policies and procedures to employees regarding minimum service to minors and intoxicated persons? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Name of awareness program: _____ | | |
| 4. Do you provide free rides home to intoxicated patrons?
If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

21. Prior Insurance/Loss History:

Show liquor liability insurer(s) for past three (3) years:

Year	Insurance Company	Limits	Policy Number

Have you had any liquor liability claims (insured or uninsured) in the past three (3) years? Yes No

If yes, list them below:

Year	Description of Loss	Amount Paid or Reserved

22. Show insurer, policy term and limits for general liability coverage (limits must equal or be greater than the liquor liability limits) _____

23. Was your last liability coverage on a claims made coverage form? Yes No Is this application for claims made form? Yes No If yes, is Prior Acts Coverage desired? Yes No If yes, attach a copy of current declarations page showing retroactive date.

24. Do you have knowledge of any injury or accident which might have been caused by the serving of alcoholic beverages from your establishment which occurred after the requested effective date and prior to the completion of this application? Yes No If yes, explain in detail including name of injured party and date of incident:

Requested limits (in thousands) 100/100 100/300 300/300 500/500 Other _____
 Requested *Deductible \$500 \$1,000 \$2,500 \$5,000

*Deductible applies per claim including defense expense for claims.

Requested policy term: _____ to _____ Contact Person: _____ Telephone # _____

The Claims Made Liquor Liability form only provides coverage for "injury" which occurs after the retroactive date (and which you had no knowledge of prior to the effective date of this policy) shown in the policy (see #23 of this application) and reported (in writing) to the insurance company during the coverage period of this policy and I fully understand this limitation.

I declare that the above statements and particulars are true and that no fact have been suppressed or misstated and that this application form is recognized to be the basis of any policy of insurance which may be issued by the Company. The completion of this application does not bind the company to sell, and the misstatements of facts may void your coverage.

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.

Applicant: _____

Producer: _____

Signature: _____

Date: _____

Producer Signature: _____



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER		NAIC CODE		
	COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE		
	POLICY NUMBER				
CONTACT NAME:	UNDERWRITER		UNDERWRITER OFFICE		
PHONE (A/C. No. Ext):	STATUS OF TRANSACTION	QUOTE	ISSUE POLICY	RENEW	
FAX (A/C. No.):		BOUND (Give Date and/or Attach Copy):			
E-MAIL ADDRESS:		CHANGE	DATE	TIME	AM
CODE:		SUBCODE:	CANCEL		PM
AGENCY CUSTOMER ID:					

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
BOILER & MACHINERY	\$		CYBER AND PRIVACY	\$	YACHT
BUSINESS AUTO	\$		FIDUCIARY LIABILITY	\$	
BUSINESS OWNERS	\$		GARAGE AND DEALERS	\$	
COMMERCIAL GENERAL LIABILITY	\$		LIQUOR LIABILITY	\$	
COMMERCIAL INLAND MARINE	\$		MOTOR CARRIER	\$	
COMMERCIAL PROPERTY	\$		TRUCKERS	\$	
CRIME	\$		UMBRELLA	\$	

ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (If applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
		<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME:		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	STATE:				TOTAL BUILDING AREA: SQ FT
	COUNTY:				
	ZIP:				
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK %		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %	
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
							LOCATION:	BUILDING:
							VEHICLE:	BOAT:
							AIRPORT:	AIRCRAFT:
							ITEM CLASS:	ITEM:
REASON FOR INTEREST:						ITEM DESCRIPTION		
REFERENCE / LOAN #:			INTEREST END DATE:					
LIEN AMOUNT:			PHONE (A/C, No, Ext):			FAX (A/C, No):		
						E-MAIL ADDRESS:		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				
7. 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? (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).				
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY **Check if none (Attach Loss Summary for Additional Loss Information)**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS						TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N	

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

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

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES

LIMITS

<p>COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE</p> <p>OWNER'S & CONTRACTOR'S PROTECTIVE</p> <p>DEDUCTIBLES</p> <p><input type="checkbox"/> PROPERTY DAMAGE \$</p> <p><input type="checkbox"/> BODILY INJURY \$</p> <p><input type="checkbox"/> PER CLAIM PER OCCURRENCE</p>	<p>GENERAL AGGREGATE \$</p> <p>LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION</p> <p> <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:</p> <p>PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$</p> <p>PERSONAL & ADVERTISING INJURY \$</p> <p>EACH OCCURRENCE \$</p> <p>DAMAGE TO RENTED PREMISES (each occurrence) \$</p> <p>MEDICAL EXPENSE (Any one person) \$</p> <p>EMPLOYEE BENEFITS \$</p> <p style="text-align: right;">\$</p>	<p>PREMIUMS</p> <p>PREMISES/OPERATIONS</p> <p>PRODUCTS</p> <p>OTHER</p> <p>TOTAL</p>
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OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.

SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
CLASSIFICATION DESCRIPTION									
CLASSIFICATION DESCRIPTION									
CLASSIFICATION DESCRIPTION									
CLASSIFICATION DESCRIPTION									
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
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 all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					
8. PRODUCTS UNDER LABEL OF OTHERS?					
9. VENDORS COVERAGE REQUIRED?					
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
					LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
	REFERENCE / LOAN #:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)			Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			
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)			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?			
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?			
EQUIPMENT		TYPE OF EQUIPMENT	INSTRUCTION GIVEN (Y/N)
		SMALL TOOLS	LARGE EQUIPMENT
		SMALL TOOLS	LARGE EQUIPMENT
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			
7. ANY PARKING FACILITIES OWNED/RENTED?			
8. IS A FEE CHARGED FOR PARKING?			
9. RECREATION FACILITIES PROVIDED?			
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):			
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS	
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)			
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD			
12. ARE SOCIAL EVENTS SPONSORED?			
13. ARE ATHLETIC TEAMS SPONSORED?			
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	EXTENT OF SPONSORSHIP:
		<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	
		TYPE OF SPORT	CONTACT SPORT (Y/N)
			AGE GROUP
		<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?			

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

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

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY)

AGENCY NAME		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE	NAMED INSURED(S)	

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #:	STREET ADDRESS:
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK			# OF OPEN SIDES ON STRUCTURE: _____	

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE		SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST

INTEREST <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>	ACORD 45 attached for additional names			INTEREST IN ITEM NUMBER		
	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE	LOCATION: _____	BUILDING: _____
	REFERENCE / LOAN #:				ITEM CLASS: _____	ITEM: _____
					ITEM DESCRIPTION	

ADDITIONAL PREMISES INFORMATION

PREMISES #:	STREET ADDRESS:
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____ YR: _____	<input type="checkbox"/> WIND CLASS _____ <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
---	--------	-------	---------------------	---------------------------------------

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

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Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

LOC #: _____ BLDG #: _____

LIQUOR LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE	NAMED INSURED / APPLICANT	

NATURE OF LIQUOR OPERATIONS (Check All That Apply)

Complete ACORD 185, Restaurant / Tavern Supplement for operations involving food service.

<input type="checkbox"/> BAR / TAVERN	<input type="checkbox"/> COMEDY CLUB	<input type="checkbox"/> GENTLEMEN'S / STRIP CLUB	<input type="checkbox"/> NIGHT CLUB	LIQUOR MANUFACTURER (Incl. Microbrewery, Winery, etc.) PACKAGE / LIQUOR STORE
<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> CASINO / GAMBLING	<input type="checkbox"/> WHOLESALER / DISTRIBUTER	<input type="checkbox"/> CLUB	
<input type="checkbox"/> CATERING SERVICE	<input type="checkbox"/> DRIVE-THROUGH	<input type="checkbox"/> CONVENIENCE / GROCERY STORE	<input type="checkbox"/> HOTEL / MOTEL	

COVERAGES

COVERAGE	LIMIT	PREMIUM	COVERAGE	LIMIT	PREMIUM
LIQUOR LIABILITY (each common cause)	\$	\$		\$	\$
LIQUOR LIABILITY (aggregate)	\$	\$		\$	\$

SCHEDULE OF HAZARDS

HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERRITORY	RATE	PREMIUM
							\$
							\$
							\$

RECEIPTS (Last 3 Years)

	FOOD	LIQUOR % OF TOTAL SALES	OTHER (Describe Below)
YEAR:	\$	\$	\$
YEAR:	\$	\$	\$
YEAR:	\$	\$	\$

FINANCIAL INFORMATION - MOST RECENT 12 MONTH PERIOD

TOTAL OPERATING EXPENSES (FOOD AND LIQUOR ONLY)	\$	ACCOUNTS PAYABLE	\$
TOTAL OPERATING EXPENSES (OTHER THAN COST OF FOOD AND LIQUOR)	\$	NOTES PAYABLE (NOT TO BANKS)	\$
NET PROFIT OR LOSS (IF LOSS, ATTACH FINANCIAL STATEMENT)	\$	BANK LOANS PAYABLE	\$

LIQUOR LICENSE INFORMATION

LIQUOR LICENSE NUMBER	LIQUOR LICENSE HOLDER NAME
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LIQUOR LICENSE TYPE (Check All That Apply)

<input type="checkbox"/> RETAIL	<input type="checkbox"/> BEER FOR OFF-PREMISES CONSUMPTION	<input type="checkbox"/> BEER AND WINE FOR OFF-PREMISES CONSUMPTION	<input type="checkbox"/>
<input type="checkbox"/> WHOLESALE	<input type="checkbox"/> BEER FOR ON-PREMISES CONSUMPTION	<input type="checkbox"/> BEER AND WINE FOR ON-PREMISES CONSUMPTION	

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

				Y / N
1. HAS LIQUOR LICENSE EVER BEEN NON-RENEWED, CANCELLED, OR REVOKED? (If "YES", list all occurrences)				
DATE OF OCCURRENCE	EXPLANATION	RESOLUTION	DATE OF RESOLUTION	
2. HAVE THERE BEEN ANY LIQUOR BOARD WARNINGS OR VIOLATIONS? (If "YES", list all violations)				
DATE OF OCCURRENCE	EXPLANATION	RESOLUTION	DATE OF RESOLUTION	

OPERATIONS INFORMATION

BARS DINING ROOMS BANQUET ROOMS	MAXIMUM OCCUPANCY		NEIGHBORHOOD (Check One)			ARE OPERATIONS ON OR NEAR COLLEGE CAMPUS? Y / N
	COUNT	SEATING CAPACITY (LARGEST)	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/> COMMERCIAL			
			<input type="checkbox"/> RESIDENTIAL			
			<input type="checkbox"/> RURAL			
CLIENTELE TYPES (Check All That Apply)			AVERAGE AGE OF CLIENTELE (Check One)			
<input type="checkbox"/> AREA RESIDENTS	<input type="checkbox"/> AREA WORKERS	<input type="checkbox"/>	<input type="checkbox"/> UNDER 21	<input type="checkbox"/> 26 - 30	<input type="checkbox"/> OVER 65	
<input type="checkbox"/> TOURISTS	<input type="checkbox"/> COLLEGE		<input type="checkbox"/> 21 - 25	<input type="checkbox"/> 31 - 65		
NUMBER OF MANAGERS	NUMBER OF BARTENDERS	NUMBER OF WAITERS / WAITRESSES	AVERAGE LENGTH OF EMPLOYMENT (Months)			

OPERATIONS INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N																				
1. IS THERE A WRITTEN POLICY ON SERVING ALCOHOL TO EMPLOYEES AND CUSTOMERS? (If "NO", proceed to 1.b.) a. DO THEY INCLUDE POLICIES AND PROCEDURES REGARDING NON-SERVICE TO MINORS AND INTOXICATED PERSONS? b. ARE UNDERAGE PATRONS ALLOWED ON PREMISES? (No explanation needed)																					
2. ARE AGE LIMITS POSTED? (No explanation needed)																					
3. DO EMPLOYEES CHECK IDENTIFICATION OF PATRONS PRIOR TO SERVING OR SELLING ALCOHOL? (If "YES", explain how age of customer is verified)																					
4. ARE EMPLOYEES GIVEN LIQUOR TRAINING / CERTIFICATION COURSES? (If "YES", provide the following):																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;">TYPE OF COURSE (Check All That Apply)</th> <th style="width:20%;">COURSE INCLUDES INTERACTION / INTERVENTION SKILLS (Y / N)</th> <th style="width:15%;">LAST COMPLETION DATE</th> <th style="width:20%;">ARE ALL ALCOHOL SERVERS CURRENTLY CERTIFIED? (Y / N)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> ASK (Alcohol Server Knowledge)</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CAST® (Certified Alcohol Sales Training)</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> TAM® (Techniques of Alcohol Management)</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> TIPS® (Training for Intervention Procedures)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	TYPE OF COURSE (Check All That Apply)	COURSE INCLUDES INTERACTION / INTERVENTION SKILLS (Y / N)	LAST COMPLETION DATE	ARE ALL ALCOHOL SERVERS CURRENTLY CERTIFIED? (Y / N)	<input type="checkbox"/> ASK (Alcohol Server Knowledge)				<input type="checkbox"/> CAST® (Certified Alcohol Sales Training)				<input type="checkbox"/> TAM® (Techniques of Alcohol Management)				<input type="checkbox"/> TIPS® (Training for Intervention Procedures)				
TYPE OF COURSE (Check All That Apply)	COURSE INCLUDES INTERACTION / INTERVENTION SKILLS (Y / N)	LAST COMPLETION DATE	ARE ALL ALCOHOL SERVERS CURRENTLY CERTIFIED? (Y / N)																		
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<input type="checkbox"/> CAST® (Certified Alcohol Sales Training)																					
<input type="checkbox"/> TAM® (Techniques of Alcohol Management)																					
<input type="checkbox"/> TIPS® (Training for Intervention Procedures)																					
5. ARE ACTIONS TAKEN IF AN EMPLOYEE IS FOUND SELLING / SERVING ALCOHOL TO A MINOR? (If "YES", explain)																					
6. ARE BACKGROUND CHECKS DONE ON EMPLOYEES? (No explanation needed)																					

SECURITY INFORMATION

TYPE OF SECURITY	EMPLOYEES		CONTRACTORS	
	NUMBER UNARMED	NUMBER ARMED	NUMBER UNARMED	NUMBER ARMED
BOUNCERS				
DOORMEN				
PARKING PATROL				

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. DOES APPLICANT KEEP A GUN ON PREMISES? (No explanation needed)	
2. ARE THERE PROCEDURES FOR HANDLING VIOLENT OR DISRUPTIVE PATRONS? (If "YES", describe procedures)	
3. IS THERE VIDEO SURVEILLANCE ON PREMISES DURING OPERATING HOURS? (If "YES", how long are videos kept?)	

LIQUOR SERVICE INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. ARE THERE WINE / BEER SALES ONLY? (No explanation needed)	
2. IS THERE A FULL BAR? (No explanation needed)	
3. ARE SHOTS SPECIALS OFFERED? (No explanation needed)	
4. IS THERE A HAPPY HOUR, OR DRINK SPECIALS OR SIMILAR PROMOTIONS? (No explanation needed)	
5. IS THERE A LADIES NIGHT? (No explanation needed)	
6. IS THERE A COVER CHARGE? (If "Yes", provide coverage charge amount) \$ _____	
7. IS THERE A LAST CALL? (If "YES", indicate time given) LAST CALL TIME: _____	
8. ANY ALCOHOLIC BEVERAGE EVER OFFERED FREE OF CHARGE? (If "YES", explain)	
9. ARE PATRONS ALLOWED TO BRING ALCOHOL ON PREMISES?	
10. IS MANAGEMENT NOTIFIED PRIOR TO REFUSING TO SERVE PATRONS? (No explanation needed)	
11. IS DOCUMENTATION KEPT ON EACH INCIDENT INVOLVING REFUSAL TO SERVE PATRONS? (No explanation needed)	
12. ARE THERE FORMAL PROCEDURES FOR PREVENTING A NOTICEABLY INTOXICATED PERSON FROM DRIVING?	
13. IS THERE A STEADY BAR CLIENTELE? (No explanation needed)	
14. ARE CLIENTS / GUESTS ALLOWED TO MIX THEIR OWN DRINKS? (No explanation needed)	
15. DO YOU SUBSCRIBE TO A TAXI OR OTHER SERVICE PROVIDING TRANSPORTATION HOME TO APPARENTLY INTOXICATED PATRONS?	

LIQUOR SERVICE INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
16. DO YOU OR EMPLOYEES PROVIDE TRANSPORTATION HOME TO APPARENTLY INTOXICATED PATRONS?	

HOURS (If Entertainment is provided, provide details in Entertainment Information section)

HOURS OF OPERATION	24 HOUR OPERATION? (Y / N)	OPENING TIME	CLOSING TIME	ALCOHOL SALES BEGIN	ALCOHOL SALES END	FOOD SALES BEGIN	FOOD SALES END	MANAGER ON DUTY (Y / N)	ENTERTAINMENT TYPE
SUNDAY									
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									

ENTERTAINMENT INFORMATION

TYPE OF ENTERTAINMENT (Check All That Apply)

LIVE MUSIC (ANY TYPE) - Describe: _____
 DANCING DANCE CONTEST(S) DJ KARAOKE JUKE BOX PIANO _____
 DANCE FLOOR Square Feet: _____ Is a dance permit maintained? (Y / N): _____

AMUSEMENT DEVICES	COUNT	AMUSEMENT DEVICES	COUNT	DESCRIPTION (Video / Electronic Games, Mechanical Devices, Other)
POOL TABLES		VIDEO / ELECTRONIC GAMES		
DART BOARDS		MECHANICAL DEVICES		
PINBALL MACHINES				
GAMBLING DEVICES				
POKER TABLES / DEALERS				

EXPLAIN ALL "YES" RESPONSES	Y / N
1. IS THERE A STAGE?	
2. IS THERE SPECIAL EQUIPMENT?	
3. ARE THERE PYROTECHNICS?	
4. IS THERE A RECREATION AREA OR OTHER ACTIVITIES THAT WOULD INCLUDE PATRON PARTICIPATION (SUCH AS WRESTLING, BOXING, VOLLEYBALL, BASKETBALL, etc.)? (If "YES", describe)	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N				
1. HAS APPLICANT CARRIED PRIOR INSURANCE FOR LIQUOR LIABILITY? (If "YES", provide details on ACORD 125)					
2. DOES APPLICANT OFFER SPECIAL PROMOTIONS? (If "YES", describe)					
3. HAS BUSINESS BEEN IN OPERATION LESS THAN FIVE (5) YEARS AT THIS LOCATION? (If "YES", answer the following)					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">DATE CURRENT MANAGEMENT STARTED:</td> <td style="width:65%;">PRIOR EXPERIENCE OF OWNER / MANAGER</td> </tr> <tr> <td>DATE BUSINESS STARTED AT THIS LOCATION:</td> <td></td> </tr> </table>	DATE CURRENT MANAGEMENT STARTED:	PRIOR EXPERIENCE OF OWNER / MANAGER	DATE BUSINESS STARTED AT THIS LOCATION:		
DATE CURRENT MANAGEMENT STARTED:	PRIOR EXPERIENCE OF OWNER / MANAGER				
DATE BUSINESS STARTED AT THIS LOCATION:					

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

FINANCIAL STATEMENT	PHOTOS	

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

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

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

_____	_____	_____
APPLICANT / NAMED INSURED NAME (Please Print)	APPLICANT / NAMED INSURED SIGNATURE	DATE
_____	_____	_____
APPLICANT / NAMED INSURED NAME (Please Print)	APPLICANT / NAMED INSURED SIGNATURE	DATE
_____	_____	_____
APPLICANT / NAMED INSURED NAME (Please Print)	APPLICANT / NAMED INSURED SIGNATURE	DATE

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
	DATE	NATIONAL PRODUCER NUMBER