

**Strickland General Agency of LA, Inc.**  
**Restaurant/Bar/Tavern/Nightclub Supplemental Questionnaire**  
**(Complete in addition to Acord Application)**

1. **INSURED** \_\_\_\_\_

2. **GENERAL INFORMATION:**

Number of years in this type of business: \_\_\_\_\_ Number of years this business has been in operation: \_\_\_\_\_

Business Hours \_\_\_\_\_ to \_\_\_\_\_ Number of days business is open per week: \_\_\_\_\_

<table border="0"> <tr> <td></td> <td style="text-align: center;"><b>Yes</b></td> <td style="text-align: center;"><b>No</b></td> <td></td> </tr> <tr> <td>Live Bands?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Days Per Week _____</td> </tr> <tr> <td>Dance Floor?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Days Per Week _____</td> </tr> <tr> <td>Dancers?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Days Per Week _____</td> </tr> <tr> <td>Bouncers?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Days Per Week _____</td> </tr> <tr> <td>Other Types of Entertainment?</td> <td colspan="2" style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Clientele Age:</td> <td style="text-align: center;"><input type="checkbox"/> 18 - 25</td> <td style="text-align: center;"><input type="checkbox"/> 25 - 35</td> <td></td> </tr> <tr> <td>Clientele Origins:</td> <td style="text-align: center;"><input type="checkbox"/> Local Residents</td> <td style="text-align: center;"><input type="checkbox"/> College</td> <td></td> </tr> </table>		<b>Yes</b>	<b>No</b>		Live Bands?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____	Dance Floor?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____	Dancers?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____	Bouncers?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____	Other Types of Entertainment?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Clientele Age:	<input type="checkbox"/> 18 - 25	<input type="checkbox"/> 25 - 35		Clientele Origins:	<input type="checkbox"/> Local Residents	<input type="checkbox"/> College		<table border="0"> <tr> <td></td> <td style="text-align: center;"><b>Yes</b></td> <td style="text-align: center;"><b>No</b></td> <td></td> </tr> <tr> <td>Female Reviews?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Days Per Week _____</td> </tr> <tr> <td>Male Reviews?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Days Per Week _____</td> </tr> <tr> <td>Disc Jockey?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Days Per Week _____</td> </tr> <tr> <td>Pool Tables?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Days Per Week _____</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/> Over 35 Years</td> <td style="text-align: center;"><input type="checkbox"/> Over 50 Years</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/> Families</td> <td style="text-align: center;"><input type="checkbox"/> Transient</td> <td></td> </tr> </table>		<b>Yes</b>	<b>No</b>		Female Reviews?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____	Male Reviews?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____	Disc Jockey?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____	Pool Tables?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____		<input type="checkbox"/> Over 35 Years	<input type="checkbox"/> Over 50 Years			<input type="checkbox"/> Families	<input type="checkbox"/> Transient	
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***FILL IN FINANCIAL INFORMATION FOR THE PAST THREE YEARS AS REQUESTED BELOW:***

a. Fiscal Dates (month & year)	_____	_____	_____
b. Beer, Wine & Liquor Sales	\$ _____	\$ _____	\$ _____
c. Food Sales	\$ _____	\$ _____	\$ _____
d. Total	\$ _____	\$ _____	\$ _____
e. Payroll Expense (excluding owners)	\$ _____	\$ _____	\$ _____
f. Inventory Expense	\$ _____	\$ _____	\$ _____
g. Other Expense	\$ _____	\$ _____	\$ _____

NAME OF PERSON TO CONTACT FOR FINANCIAL RECORDS \_\_\_\_\_  
 PHONE NO. \_\_\_\_\_

3. **PROPERTY COVERAGE INFORMATION**

Distance from nearest:    a. Responding Fire Station \_\_\_\_\_ miles    b. Fire Hydrant \_\_\_\_\_ feet  
 Fire Extinguishers    a. How many? \_\_\_\_\_    b. Serviced & Tagged within the past year?     Yes     No  
 Last renovation date for:    a. Heating system \_\_\_\_\_    b. Electrical system \_\_\_\_\_    c. Roof \_\_\_\_\_

4. **COOKING HAZARD QUESTIONNAIRE**

	<b>Yes</b>	<b>No</b>
a. Is any type of cooking done on premises (please circle if microwave cooking ONLY)?	<input type="checkbox"/>	<input type="checkbox"/>
b. UL approved auto-extinguishing system over ALL cooking surfaces and deep fryers?	<input type="checkbox"/>	<input type="checkbox"/>
c. Semi-annual service contract for auto extinguishing system?	<input type="checkbox"/>	<input type="checkbox"/>
d. Automatic gas or electric shut off for cooking with manual pull?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are hoods and ducts equipped with filters?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are filters cleaned at a MINIMUM of every six months?	<input type="checkbox"/>	<input type="checkbox"/>
g. Are hoods and ducts cleaned at a MINIMUM of every six months?	<input type="checkbox"/>	<input type="checkbox"/>
h. Are portable fire extinguishers mounted and accessible to cooking areas?	<input type="checkbox"/>	<input type="checkbox"/>

**5. GENERAL LIABILITY INFORMATION**

Area of: a. Premises \_\_\_\_\_square feet                      b. Parking Lot \_\_\_\_\_square feet  
 Number of Employees: Managers: \_\_\_\_\_ Bartenders: \_\_\_\_\_ Waiter/Waitresses: \_\_\_\_\_ Security/Bounders: \_\_\_\_\_  
 Floor covering of areas open to public:  Wood  Linoleum  Tile  Carpet  Other \_\_\_\_\_  
 Surface of parking lot:  Gravel  Concrete  Asphalt  No Parking  Other \_\_\_\_\_  
 Number of Exits: \_\_\_\_\_ Are all exits marked with exit signs?  Yes  No  
 Are all exits equipped with panic door hardware?  Yes  No  
 If "No", are all exits kept unlocked during business hours?  Yes  No

Liquor License # \_\_\_\_\_ Liquor Liability Insurer: Name: \_\_\_\_\_  
 Policy # \_\_\_\_\_ Policy Dates: \_\_\_\_\_ to \_\_\_\_\_

**6. AGENT SECTION**

	<b>Yes</b>	<b>No</b>
a. Is this new business to the agency?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you personally viewed this building?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you personally inspected this building?	<input type="checkbox"/>	<input type="checkbox"/>
d. How long have you known the applicant?	_____	_____ years
e. How long have you insured the applicant?	_____	_____ years

If coverage is provided, it will contain special exclusion (above and beyond normal policy exclusions) including, but not necessarily limited to, the following:

- a. Assault and Battery
- b. Liquor Liability

The Applicant, Agent or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

**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: \_\_\_\_\_                      Producers Signature: \_\_\_\_\_



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

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

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

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

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

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

REMARKS/PROCESSING INSTRUCTIONS			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)			
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.			

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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**PRIOR CARRIER INFORMATION**

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

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSED
						OPEN
						CLOSED

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

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

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

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

DATE

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

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
<b>DEDUCTIBLES</b> 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**      (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

<b>CLAIMS MADE (Explain all "Yes" responses)</b> 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? 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	<b>EMPLOYEE BENEFITS LIABILITY</b> 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 <sup>TM</sup> PROPERTY SECTION

DATE (MM/DD/YYYY)

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

PREMISES INFORMATION			PREMISES #:	BUILDING #:	STREET ADDRESS:			
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLANKET COVERAGE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP	
<input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$ _____	\$ _____ DED ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS	_____ DAYS MO PERIOD _____ LIMIT MAX PERIOD _____ DAYS	\$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	<input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	_____ % COIN CONT LOC REC LOC MFG LOC LDR LOC (DESCR BELOW)	
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	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS			BLDG CODE GRADE	TAX CODE	ROOF TYPE		OTHER OCCUPANCIES		
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ OTHER: _____			<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____		WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER		HEATING BOILER ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE			CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS
BURGLAR ALARM INSTALLED AND SERVICED BY							# GUARDS/WATCHMEN		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/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**

PREMISES #: \_\_\_\_\_ BUILDING #: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

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

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

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	
<b>BUILDING IMPROVEMENTS</b>	<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> ROOFING, YR: OTHER:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	<b>BLDG CODE GRADE</b>	<b>TAX CODE</b>	<b>ROOF TYPE</b>	<b>OTHER OCCUPANCIES</b>					
			<b>WIND CLASS</b>			HEATING BOILER ON PREMISES?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
			<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER			IF YES, IS INSURANCE PLACED ELSEWHERE?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>RIGHT EXPOSURE &amp; DISTANCE</b>			<b>LEFT EXPOSURE &amp; DISTANCE</b>			<b>REAR EXPOSURE &amp; DISTANCE</b>					
<b>BURGLAR ALARM TYPE</b>			<b>CERTIFICATE #</b>		<b>EXPIRATION DATE</b>		<b>EXTENT</b>	<b>GRADE</b>	CENTRAL STATION WITH KEYS		
<b>BURGLAR ALARM INSTALLED AND SERVICED BY</b>							<b># GUARDS/WATCHMEN</b>		CLOCK HOURLY		
<b>PREMISES FIRE PROTECTION (Sprinklers, Standpipes, Chemical Systems)</b>				<b>% SPRNK</b>	<b>FIRE ALARM MANUFACTURER</b>					CENTRAL STATION LOCAL GONG	

ADDITIONAL INTERESTS					
<b>RANK:</b>	<b>NAME AND ADDRESS</b>	<b>EVIDENCE</b>	<b>RANK:</b>	<b>NAME AND ADDRESS</b>	<b>EVIDENCE</b>
<b>INTEREST</b>		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY	<b>INTEREST</b>		<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				
<b>SUBJECT OF INSURANCE</b>	<b>PREMISES/BUILDING</b>	<b>ANY OTHER LOCATION DECLARED AT INCEPTION</b>	<b>ANY OTHER LOCATION ACQUIRED AFTER INCEPTION</b>	<b>PREMISES NOT OWNED OR ACQUIRED LIMIT</b>

**REMARKS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; In DC, LA, ME and VA, insurance benefits may also be denied)