

SECTION 2 GENERAL LIABILITY

20. Limits desired

General Aggregate	\$	Personal and Advertising Injury	\$
Products & Completed Operations Aggregate	\$	Damage to Premises Rented to You	\$
Each Occurrence	\$	Medical Expense (any one person)	\$

21. **Hired and Non-Owned Auto Liability** Check if coverage desired

Note: If Hired/Non-Owned is checked, limit will equal general liability occurrence limit.

- a. Does the applicant have a business or commercial auto policy in force? Yes No
- b. Does the applicant regularly deliver goods or products? Yes No
- c. Does the applicant require its employees to use their personal auto to conduct the applicant's business on a regular basis? Yes No
- 22. Are there any auto repair or car wash operations located on the above noted premises? Yes No
- 23. Does the applicant keep or permit any firearms on the premises? Yes No
- 24. Has the applicant received any health or safety violations? Yes No
- 25. If cigarettes are sold, are all procedures displayed and followed on verifying the age of customers purchasing cigarettes? No Yes
- 26. Are there more than 6 arcade or video games located on the premises? Yes No

If the applicant is the building owner and there are habitational units, please complete the following:

- 27. If the building is over 3 stories in height, is there a fully enclosed, fire-protected stairwell or a functioning fire escape? No Yes
- 28. If the building is over 7 stories in height, is the building 100% sprinklered? No Yes
- 29. If there are security bars on any windows, are they equipped with a self-releasing mechanism on the inside of all bars? No Yes
- 30. Are all locks "re-keyed" prior to leasing to new tenants? No Yes
- 31. Are any renovations ongoing or planned during the policy period? Yes No
- 32. Are any units operated as assisted living, group home or rooming/boarding house? Yes No

33. List expiring **liability** carrier, term, limits, and premium:

Carrier	Policy Term	Limits	Premium

SECTION 3 LIQUOR LIABILITY

- 34. Limits desired: Each Common Cause Limit: \$ _____ Aggregate Limit: \$ _____
- 35. Does applicant have a valid **liquor license** or permit, if required? No Yes
 - a. Name on the license: _____ License #: _____
 - b. License type: _____
- 36. Is any alcohol consumed on the premises? Yes* No
 - * If yes, describe: _____
- 37. Does applicant ever **sell or serve alcohol away from the premises**? Yes* No
 - * If off-premises coverage is desired, attach a completed Off-Premises Supplemental Liquor Liability Application, form LLA-OPS, to this submission.
- 38. Are **employees or other persons selling alcohol permitted to consume alcohol during their hours of employment or service**? Yes No
- 39. Does the establishment attract a **youthful or college crowd** ranging from 21-25 years of age? Yes No
- 40. What time does the **sale of alcohol** cease? _____
 - If open past 2:00 am, is a special license required to stay open late? Yes No
 - For MN risks only: Does applicant have a special license to stay open past 1:00 am? Yes No
- 41. Are all alcohol-serving employees certified in a **Formal Alcohol Training Course** not mandated by the state? Yes* No
 - *If yes, provide the name of the course: _____

To be considered for a credit on your quote, please attach copies of the certificates to this application.

42. Within the past 5 years, has applicant been fined or cited for **violations** of law or ordinance related to illegal activities or the sale of alcohol? Yes* No

*If yes, provide the following information on each fine or citation:

Date(s): _____
 Description(s): _____
 Fines and/or penalties assessed: _____
 Measures in place to prevent future violations: _____

43. Does the applicant have knowledge of any **liquor liability and/or assault and battery claims** or the notification of potential liquor liability and/or assault and battery claims within the past five years? Yes* No

*If yes, provide the following information on each claim:

Date(s): _____
 Description(s): _____
 Total incurred losses (reserves and payments): _____
 Status: _____
 Measures in place to prevent future incidents: _____

44. Is the applicant's premises located in a jurisdiction which permits **civil cases** to be heard in a tribal court? Yes No

45. Is applicant requesting liquor liability limits greater than the general liability limits carried? Yes* No

* If yes, please note that general liability limits must be maintained at limits equal to or greater than liquor liability limits.

46. List expiring **liquor liability** carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

SECTION 4 PROPERTY COVERAGE

47. Limits desired and Rating Information.

Building Construction	Protection Class	Deductible	Cause of Loss
<input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry NC <input type="checkbox"/> Fire Resistive	_____	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000	<input type="checkbox"/> Basic/Named Perils <input type="checkbox"/> Special/excluding theft <input type="checkbox"/> Special (requires a Central Burglar Alarm)
Building Limit:	\$ _____	Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Improvements and Betterments Limit:	\$ _____	Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Personal Property Limit	\$ _____	Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Income Limit:	\$ _____	Coinsurance or Monthly Limit for Indemnity <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense	
<input type="checkbox"/> Value Plus Endorsement			
<input type="checkbox"/> Employee Dishonesty	\$ _____	# of Employees _____	
<input type="checkbox"/> Money & Securities	\$ _____	Inside\$ _____	Outside(\$500 standard deductible)
<input type="checkbox"/> Burglary & Robbery	\$ _____	Inside\$ _____	Outside(\$500 standard deductible)
<input type="checkbox"/> Outdoor Signs	\$ _____		
<input type="checkbox"/> Equipment Breakdown (coverage requires a maintenance contract for all refrigeration units)			

48. Has owner or general partner ever been convicted of the felony of arson? Yes No

49. Has the applicant had any prior tax liens or felony conviction? Yes No

50. Cooking Supplement - If no cooking, check here.

a. Is there a cleaning contract in force with an outside firm? No Yes
 Frequency of cleaning: _____ Date last serviced: _____

b. Describe cooking equipment used:
Grills Open flame Oven Deep fat fryers
Charcoal grill Barbeque pit/smoker Type or brand: _____ Distance from building: _____ ft.

- c. Type of extinguishing system: Wet Dry
- d. Is vegetable oil used in cooking? Yes No
51. Is the plumbing completely PVC or Copper (No Iron or Lead)? No Yes
52. Type of roof: Flat Pitched
53. Roof updated, yr: _____ Electrical updated, yr: _____ Plumbing updated, yr: _____ Heating updated, yr: _____
54. Is the property seasonal? Yes No
If yes, months closed: _____
55. Age of building: _____
56. Are there vacancies in the building? Yes No
If "yes," what is the percentage? _____%
57. Is a functioning and operational central station burglar alarm with active monitoring/contract on premises? No Yes
Regarding the central station burglar alarm, are there:
Sound sensitive devices Surveillance cameras on all doors and delivery areas
58. Fire Protection:
Sprinklers Central station fire alarm
Local fire alarm Annually serviced fire extinguisher(s)
- a. Are functioning and operational sprinklers covering 100% of the building? No Yes
- b. Are annually serviced fire extinguishers on the premises? No Yes
59. If open 24 hours, is the premises equipped with surveillance cameras and a central station hold up alarm? No Yes
60. Is all electric on functioning and operational circuit breakers? No Yes
61. Does the electrical system have any aluminum or tube wiring? Yes No
62. Are any propane tanks filled on the premises? Yes No
63. List expiring **Property** carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

SECTION 5 COMMERCIAL UMBRELLA

64. Desired Limits: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000
65. Auto liability carrier: _____
66. Auto policy limits: _____
67. Auto policy effective date: _____
68. Auto policy premium (liability only): _____
69. Vehicle schedule (VIN & type): _____
70. Are there any heavy or extra heavy units? Yes No
71. Have there been any losses greater than \$10,000 in the past 5 years? Yes No
If yes, give details: _____

SECTION 6 MORTGAGEES/ADDITIONAL INSURED/LOSS PAYEES

List name, address and insurable interest of each:

[Indicate applicable section:]

- Name: _____ Property GL Liquor Umbrella
- Address: _____
- Insurable interest: _____
- Name: _____ Property GL Liquor Umbrella
- Address: _____
- Insurable interest: _____
- Name: _____ Property GL Liquor Umbrella
- Address: _____
- Insurable interest: _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

Broker's Signature _____

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

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____
