

Convenience, Delicatessen and Grocery Store Product Application – All States

I. QUOTE INFORMATION

Applicant's name: _____ dba: _____

Form of business: Individual Corporation Partnership LLC Other

Location address: _____ Same as mailing address.

City: _____ State: _____ Zip: _____

Description of Operations:

What year did the business start? _____ How many months per year do they operate? _____

Do you own the building? Yes No (If No, skip Building Owner Questions under both the Property & Liability Sections below)

How many years has the applicant been at the current location? _____

No bankruptcies, tax or credit liens against the applicant in the last five years True False

Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri) True False

If False, advise reason _____

II. GENERAL LIABILITY SECTION NOT APPLICABLE

Limit: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

Grocery food sales \$ _____ (includes "other sales" such as bait, lottery & amusement receipts)

Prepared food sales \$ _____ (OFF premises consumption eg. Delicatessen)

\$ _____ (ON premises consumption)

Liquor sales \$ _____ (OFF premises consumption)

\$ _____ (ON premises consumption)

Self-service carwash sales \$ _____

Gallons of gas pumped _____ (annually)/Sales: \$ _____

Number of Gas Pumps _____

Type of gasoline pump service: Full service only Self service only Both full and self service

Number of Full-time employees _____ Number of Part-time employees _____ (<30 hrs/week)

General Liability Eligibility

Applicant has not, is not and will not act as a franchisor (grantor of a franchise) True False

No distribution, sale or filling of liquefied petroleum gas (a.k.a. LPG, Propane) True False

(Tank exchanges that are not filled on premises are acceptable)

Gross sales do not exceed \$3,000,000 True False

No automatic car wash operation (self-service car wash is acceptable) True False

No auto repair operations True False

No locations with more than 5,000 square feet True False

Building Owner

Is any portion of the building leased to commercial tenants? Yes No

If "Yes," applicable sq. ft. _____ / Description of tenant's operations: _____

Does the applicant lease any apartments at this location? Yes No

If "Yes," number of units _____ / Total Area of apartments: _____

III. PROPERTY SECTION* NOT APPLICABLE

*We are not a market for property coverage on Class Code 13673 – Grocery Stores. Coverage can only be considered for 11288 – Delicatessens,

15224 - Meat, Fish, Poultry or Seafood Stores and Liquor Stores.

Construction: Frame Joisted masonry Non-combustible Masonry non-combustible
 Modified fire-resistive Fire-resistive Other _____

Protection class: _____

Requested cause of loss: Basic Special

Requested valuation: Replacement cost Actual cash value

Business income and extra expense limit \$ _____

Is there commercial cooking on the premises?

Yes No

Is there deep fat fryer on the premises?

Yes No

What type of cooking extinguishing system is functioning and operational?

Wet chemical Dry chemical

Building Owner

Building limit \$ _____

What year was the building constructed? _____

What is the square footage of the entire structure? _____ sq. ft.

Is the building fully protected by an operational sprinkler system covering 100% of the premises?

Yes No

Additional Property Information

If you own the building and it is more than 10 years old, please complete the following:

Age of roof _____ yrs.

Roof type: Flat Wood shake Shingle Metal Tile Slate Other _____

Plumbing Type: PVC Copper Lead Galvanized Other _____

What type of burglar alarm is on the premises? Central Station Local None

Property Section Eligibility

For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers`

True False

For any building built prior to 1978, there is no aluminum wiring or knob and tube wiring

True False

No sale of fireworks on the premises

True False

Functioning and operational smoke and/or heat detectors in all units and/or occupancies

True False

All cooking equipment is covered by a functioning and operational automatic fire extinguishing system

that is National Fire Protection Association standard 96 compliant

N/A True False

All cooking equipment has an in-force cleaning contract

True False

Functioning and operational fire extinguishers readily available

True False

Business does not operate on a seasonal basis

True False

IV. LIQUOR LIABILITY SECTION NOT APPLICABLE

Does applicant offer on-premises tasting or samplings of alcoholic beverages?

Yes No

If yes, complete the following:

a. Are more than eight ounces of beer/wine or four ounces of hard alcohol permitted for any one patron per day?

Yes No

b. If persons other than the applicant's employees are serving the samples, are they required to carry their own liquor liability insurance at limits equal to or greater than the applicant's?

Yes No

Does applicant deliver alcoholic beverages to their customers?

Yes No

If Yes, complete the following:

a. Is alcohol only delivered to individuals age 21 or over with proper identification and signature required?

Yes No

b. Does applicant deliver to any of the following states: AK, AL, IA, IL, LA, MS, OR, RI or WV?

Yes No

Does the establishment attract a predominantly youthful clientele ranging from 21-25 years of age?

Yes No

what time does the sale of alcohol cease? _____ AM PM 24 hours

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 eligible for a credit on your quote, Company requires copies of the certificates within 21 days of binding.

Does the establishment utilize an identification scanner device to verify age of patrons?

Yes No

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liquor Liability Eligibility

Have there been any citations, violations, charges or enforcement actions at this location within the past five years?

Yes No

If yes, provide the following information on each citation, violation, charge or enforcement action:

Date(s): _____

Description(s): _____

Measures in place to prevent future incidents: _____

Does applicant maintain general liability insurance at limits equal to or greater than applicant's liquor liability limits?

Yes No

As a condition of coverage, general liability limits must be maintained at limits equal to or greater

than liquor liability limits. Will applicant maintain a valid liquor license, if required by ordinance or law, prior to the

applicant selling, serving or distributing alcohol?

Yes No Not Required

a. Name on license: _____

b. License #: _____

- Are employees or other persons selling or serving alcohol permitted to consume alcohol during their hours of employment or service? Yes No
- Does applicant require proof of age identification from customers who appear to be under the age of 35 who are purchasing beer, wine or alcohol? Yes No
- Within past five years, has applicant's liquor liability coverage been cancelled or non-renewed? Yes No
- If yes, explain: _____
- Does applicant's business include internet sales of alcohol? Yes No
- If yes, provide the following information:
- a. Does applicant sell alcohol only to adults with proper identification and a signature? Yes No
- b. Does applicant sell alcohol in any of the following states: AK, AL, IA, IL, LA, MS, OR, RI or WV? Yes No
- Does the establishment have a drive-through window for alcohol sales? Yes No
- If yes, provide the following information:
- a. Is alcohol sold only in unopened, sealed containers? Yes No
- b. Are single drink servings sold? Yes No
- Does applicant ever sell or serve alcohol away from the premises? Yes No

V. ADDITIONAL APPLICANT INFORMATION

Form of business: Individual Corporation Partnership LLC Other

Applicant's mailing address: _____ (if different than the location address above)

City: _____ State: _____ Zip: _____

E-mail address of primary contact: _____ Phone: _____

Inspection contact name: _____ Telephone/E-mail address: _____

Audit contact name: _____ Telephone/E-mail address: _____

FRAUD STATEMENTS

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

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.

Florida Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Kansas Fraud Statement: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

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. A binder may not be withdrawn but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Washington 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.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

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 Disclosure Notice: This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged Wrongful Acts or Wrongful Employment Acts that took place prior to retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect for incidents reported during the Policy Period or any subsequent renewal of this Policy or any extended reporting period and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

North Dakota Fraud Statement: Notice to North Dakota applicants – Any person who knowingly and with the intent to defraud and 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.

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.

Ohio Notice: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. I understand that any material misrepresentation or omission made by me on this application may act to render any contract of insurance null and without effect or provide the company the right to rescind it.

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.

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

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.

Utah Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

Vermont Fraud Statement: 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 may be subject to fines and confinement in prison.

Virginia Notice: This Policy is written on a claims-made basis. Please read the policy carefully to understand your coverage. You have an option to purchase a separate limit of liability for the extended reporting period. If you do not elect this option, the limit of liability for the extended reporting period shall be part of the and not in addition to limit specified in the declarations. If you have any questions regarding the cost of an extended reporting period, please contact your insurance company or your insurance agent. 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.

Virginia Fraud Statement: Any person who knowingly and with intent to defraud an insurer, submits an Application for insurance or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Utah 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.

Washington Fraud Statement: Any person, who, knowing it to be such:

(1) Presents, or causes to be presented, a false or fraudulent claim or any proof in support of such a claim, for the payment of a Loss under a contract of insurance; or

(2) Prepares, makes, or subscribes any false or fraudulent account, certificate, affidavit, or proof of Loss, or other document or writing, with intent that it be presented or used in support of such a claim, is guilty of a gross misdemeanor, or if such claim is in excess of one thousand five hundred dollars, of a class C felony.

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.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License#: _____

Agent's signature: _____ Main agency phone number _____
(Required in New Hampshire)

Agency mailing address: _____
City: _____ State: _____ Zip: _____

The undersigned represents that to the best of his/her knowledge and belief the particulars and statements set forth herein are true and agrees that those particulars and statements are material to acceptance of the risk assumed by the Company. The undersigned further declares that any changes to the information contained in this application prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Company is hereby authorized, but not required to make any investigation and inquiry in connection with the information, statements and disclosures provided in this application. The decision of the Company not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Company and shall not stop the Company from relying on any statement in this application. The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of this application bind the Company to issue a policy. It is understood the Company is relying on this application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

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.

Signature: _____
(Chairperson of the Board, Managing Member, President or Executive Director)

Title: _____ Date: _____