

Strickland General Agency of FL, 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: _____

	Yes	No			Yes	No			
Live Bands?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week	_____	Female Reviews?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week	_____
Dance Floor?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week	_____	Male Reviews?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week	_____
Dancers?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week	_____	Disc Jockey?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week	_____
Bouncers?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week	_____	Pool Tables?	<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		<input type="checkbox"/> Over 35 Years	<input type="checkbox"/> Over 50 Years				
Clientele Origins:	<input type="checkbox"/> Local Residents	<input type="checkbox"/> College		<input type="checkbox"/> Families	<input type="checkbox"/> Transient				

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**

	Yes	No
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/Binders: _____
 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

	Yes	No
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: _____

ACORD™ 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:		AGENCY CUSTOMER ID:	
POLICIES OR PROGRAM REQUESTED				POLICY NUMBER	
INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER		GARAGE AND DEALERS	
<input type="checkbox"/> PROPERTY		<input type="checkbox"/> INSTALLATION/BUILDERS RISK		<input type="checkbox"/> VEHICLE SCHEDULE	
<input type="checkbox"/> GLASS AND SIGN		<input type="checkbox"/> ELECTRONIC DATA PROC		<input type="checkbox"/> BOILER & MACHINERY	
<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY		<input type="checkbox"/> WORKERS COMPENSATION	
<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME		<input type="checkbox"/> BUSINESS AUTO		<input type="checkbox"/> UMBRELLA	
<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO		<input type="checkbox"/> TRUCKERS/MOTOR CARRIER			

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	YES	NO
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

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	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.

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	
					LOCATION:	BUILDING:
					VEHICLE:	BOAT:
					SCHEDULED ITEM NUMBER:	
					OTHER	
					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 TM 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)		
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:	<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER	WIND CLASS		HEATING BOILER ON PREMISES?		YES	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	
TYPE OF BUSINESS <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL _____ 90 DAYS _____ 180 DAYS _____ \$ _____		POWER/HEAT \$ _____ DED _____ DAYS	EXT PERIOD _____ DAYS	TUITION FEES \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	DEPEND PROP _____ % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
	ELEC MEDIA _____ DAYS		MO PERIOD _____ LIMIT	ORD OR LAW _____ DAYS		MAX PERIOD _____	

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

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	BLDG CODE GRADE _____	TAX CODE _____	ROOF TYPE _____	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER	OTHER OCCUPANCIES 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, Chemical Systems)					% SPRNK	FIRE ALARM MANUFACTURER				
						CENTRAL STATION LOCAL GONG				

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

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

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)