



Commercial Information Section

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

AGENCY: _____
AGENT NAME: _____
ADDRESS: _____

EMAIL: _____
PHONE: _____

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: _____ To: _____
 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Year business started:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

5. Previous carrier and loss information (last five years):

Check if no losses last five years.

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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.

APPLICANT NAME AND TITLE: _____
(PRINT)

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

COMMERICAL LIABILITY SECTION

LIMITS

GENERAL AGGREGATE \$ _____ EMPLOYEE BENEFITS LIABILITY \$ _____
PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____ DEDUCTIBLE PER CLAIM: \$ _____
PERSONAL & ADVERTISING INJURY \$ _____ RETROACTIVE DATE: _____
EACH OCCURRENCE \$ _____ NUMBER OF EMPLOYEES: _____
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE) \$ _____
MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

6. Does applicant subcontract work? Yes No
If so, state type: _____
What is the cost (labor & materials) of subcontracted work? \$ _____
Are Certificates of Insurance required from all subcontractors? Yes No

7. Description of Exposures:

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE

RATING AND PREMIUM BASIS (P) PAYROLL – PER \$1,000 / PAY (exclude owners & clerical) (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

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

INTEREST	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				
INTEREST	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				

COMMERCIAL PROPERTY SECTION

6. Premises Information:

Loc #	BLD #	Exposure	Amount Requested	Coins. %	Monthly Limitation	ACV/Repl. Cost	Cause of Loss	Deductible	Occupied As
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Other	\$					\$	
		Other	\$					\$	
			\$					\$	
Loc #	BLD #	Mortgagee		Loss Payee					

Construction type: _____ **Year of Updates:** _____
 Protection class: _____ Wiring? Year: _____ Burglar alarm type: Local Central Station
 Number of stories: _____ Heating? Year: _____ Fire alarm type: Local Central Station
 Total square foot area: _____ Plumbing? Year: _____ Sprinklered? Yes No
 Year built: _____ Roof? Year: _____ Operable Smoke Detectors? Yes No

7. Premises Information:

Loc #	BLD #	Exposure	Amount Requested	Coins. %	Monthly Limitation	ACV/Repl. Cost	Cause of Loss	Deductible	Occupied As
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Other	\$					\$	
		Other	\$					\$	
			\$					\$	
Loc #	BLD #	Mortgagee		Loss Payee					

Construction type: _____ **Year of Updates:** _____
 Protection class: _____ Wiring? Year: _____ Burglar alarm type: Local Central Station
 Number of stories: _____ Heating? Year: _____ Fire alarm type: Local Central Station
 Total square foot area: _____ Plumbing? Year: _____ Sprinklered? Yes No
 Year built: _____ Roof? Year: _____ Operable Smoke Detectors? Yes No



QUESTIONNAIRE – GOLF COURSE

Please answer all questions fully. Submit this Questionnaire with a completed ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Proposed Named Insured: _____ Policy Number: _____

Named insured's Social Security Number: (if Corporation: Name, title and Social Security number of officers and principal stockholders: _____)

1. Golf gross receipts:

Green fees	\$ _____
Membership fees	\$ _____
Locker fees	\$ _____
Pro shop	\$ _____
Golf club rental	\$ _____
Golf cart rental	\$ _____
Driving range receipts	\$ _____
Cross country skiing	\$ _____
Miscellaneous (explain)	\$ _____

2. Food sales gross receipts:

Food gross sales	\$ _____
Beverage gross sales	\$ _____
Banquet gross sales	\$ _____
Beer/wine/liquor gross sales	\$ _____

TOTAL OF 1 AND 2: \$ _____

(Restaurant questionnaire required for restaurant exposures.)

3. Do you have any outstanding tax liens? Yes No
(ie: property, sales, wage withholding, bankruptcy)
If yes, explain: _____

4. Apartment:: Number of units: _____

5. Are tenants required to have liability insurance? Yes No

6. Dwellings: Number of units: _____



7. Swimming Pools: Yes #___ No
 (Risks with diving boards, water slides or other water recreational equipment not acceptable)
- Lifeguard: Yes No
 Fence: If yes, height: _____ Yes No
 Swim teams: Yes No
8. Tennis courts: Yes #___ No
9. Volleyball courts: Yes #___ No
10. Horseshoe pits: Yes #___ No
11. Months of operation: _____
12. Describe special events: _____
 Gross receipts: \$_____
13. Explain off-season operations: _____

14. Is coverage desired for greens, bridges, culverts? Yes No
 If yes, refer to underwriting guide.

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE. Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

 Applicant Signature Title Date

 Producer Signature Date

 Producer Name and Address

CHECKLISTS

- Financial statement
- Acord application
- Equipment schedule (owned or leased)
 - Golf carts
 - Ground maintenance
- Claim history
- Restaurant/tavern questionnaire



RESTAURANTS & BARS/NIGHTCLUBS/TAVERNS QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

Do all professionals, and the business, have current licenses where required by statute? Yes No

If the business maintains a web site, state the address: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES", you are not eligible for coverage.

1. Do you have any armed security staff? Yes No
2. Is the business considered a punk, rap, or underground bar? Do you allow stage diving or mosh pits? Yes No

GENERAL INFORMATION

3. Type of business:

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Night Clubs	<input type="checkbox"/> Banquet Facilities
<input type="checkbox"/> Bar/Lounge	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Pool Hall/Billiard Parlor
<input type="checkbox"/> Private Club	<input type="checkbox"/> Sports Bar	<input type="checkbox"/> Full Bottle Service
<input type="checkbox"/> Other: _____		

4. Annual gross sales: \$ _____ Split by %: _____ % food _____ % liquor _____ % catering
5. Business hours: S: _____ M: _____ T: _____ W: _____ T: _____ F: _____ S: _____
6. Clientele age: 18-21 21-25 25-35 35-50 Over 50
7. Clientele origins: Local residents College Families Transient
8. Do you serve alcoholic beverages?
Percent of total sales that are alcohol sales Yes No
9. Do you have a liquor liability insurance policy? Yes No
10. Do you have any mechanical or amusement rides? Yes No
11. Does the business attract a younger clientele or is it located near a college campus? Yes No
12. Do you provide adult entertainment and offer internet sales of non-clothing items or any "closed off" private rooms? Yes No
13. Management's years of experience: _____
Management's years at this location: _____
14. Has insured owned or managed another establishment in the past 10 years? Yes No
If yes, explain: _____
15. Is your building located on a wharf, pier, beach, dock, or on pilings? Yes No
16. Do you ever participate in street fairs, community celebrations or special events? Yes No
If yes, explain: _____
17. Do you deliver food? Yes No

18. Is there a homemade stove or a woodburning stove that is not installed in accordance with manufacturer's specifications? Yes No
19. Is your property vacant, being renovated, deteriorating, or involved in foreclosure? Yes No
 If yes, explain: _____
20. Does anyone live on the premises? If so, who: _____ Yes No
21. Have there been any public code violations or health department actions against the establishment? Yes No
 If yes, explain: _____

ENTERTAINMENT

1. Live entertainment? Yes No
 If yes, describe (include type and frequency): _____
2. Dance floor? If yes, describe (include square footage, raised or sunken, lighting): Yes No

3. Arcade games or sports competitions? Yes No
 If yes, describe and give number of each (i.e. darts, pool, video games, volleyball, basketball, etc.):

4. Do you sponsor any athletic teams or activities? If yes, describe: Yes No

5. Playrooms or playgrounds on premises? If yes, describe Yes No

6. Do you have "foam parties"? Yes No

SECURITY

7. Do you employ "bouncers" or other security personnel? Yes No
8. Are the "bouncers" or other security personnel independent contractors? Yes No
 If yes, do they provide their own liability insurance? Yes No
9. Are firearms allowed on premises? Yes No
10. Have there been any police calls to this establishment in the past 3 years? Yes No
 If yes, give number and reason for the call:

COOKING HAZARDS

11. Cooking facilities: Number of...:
 Ranges: ___ Ovens: ___ Deep Fryers: ___ Grills: ___ Broilers: ___ Other: _____
12. Is any type of cooking, other than microwave cooking, done on premises? Yes No
13. UL approved auto extinguishing system over ALL cooking surfaces and fryers? Yes No
14. Do you have at least a semi-annual service contract for auto extinguishing systems? Yes No
 Name of service provider: _____
15. Automatic gas or electric shut-off for cooking with manual pull? Yes No



- 16. Are hoods and ducts equipped with filters? Yes No
- 17. Are filters, hoods, and ducts cleaned at a MINIMUM of every six months? Yes No
Date last cleaned: _____
Name of service provider: _____
- 18. Are hoods and ducts cleaned at a MINIMUM of every six months? Yes No
- 19. Are portable fire extinguishers (40 BC or type K UL 300 Standard) mounted and accessible to cooking areas? Yes No
- 20. Is there tableside cooking or open pit barbecues? Yes No

GENERAL LIABILITY INFORMATION

- 21. Number of exits: _____
 - a. Are all exits marked with exit signs? Yes No
 - b. Are all exits equipped with panic door hardware? Yes No
If no, are all exits kept unlocked during business hours? Yes No
- 22. Is there emergency lighting? Yes No
- 23. Is the main event area hall or dance floor on street level? Yes No

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature _____ Title _____ Date _____

Producer Signature _____ Date _____

Producer Name and Address _____