



CARRIER:

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# Convenience, Delicatessen and Grocery Store Product Application – All States

## I. INSTANT QUOTE INFORMATION

Applicant's name (include DBA name): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Web address: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Form of business:  Individual  Corporation  Partnership  LLC  Trust  Other \_\_\_\_\_

### Description of Operations:

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Have there been any property or liability losses in the past three years?  Yes  No

If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet.

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

- How many years has applicant been at the current location? \_\_\_\_\_
- What year did the business start? \_\_\_\_\_
- Does the business operate on a seasonal basis?  Yes  No
- How many months per year does the business operate? \_\_\_\_\_
- Do you own the building? (If No, skip Building Owner Questions under both the property and liability sections below)  Yes  No
- Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years?  Yes  No
- Has insurance coverage been cancelled or non-renewed in the past three years? (not applicable in MO)  Yes  No
- Does any building built prior to 1978 have aluminum or knob-and-tube wiring?  Yes  No
- For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers?  Yes  No
- Are there functioning and operational fire extinguishers readily available?  Yes  No

<b>Building Construction:</b>						
<input type="checkbox"/> Frame		<input type="checkbox"/> Joisted masonry		<input type="checkbox"/> Noncombustible		
<input type="checkbox"/> Masonry noncombustible		<input type="checkbox"/> Modified fire resistive		<input type="checkbox"/> Fire resistive		
Protection Class	Cause of Loss	Deductible			Number of Stories	Type of Burglar Alarm
_____	<input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Broad	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	_____	<input type="checkbox"/> Local <input type="checkbox"/> Central station <input type="checkbox"/> None
What year was the building constructed? _____						
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____						

What type of roof is on the building?	<input type="checkbox"/> Flat	<input type="checkbox"/> Wood shake	<input type="checkbox"/> Shingle	<input type="checkbox"/> Metal	<input type="checkbox"/> Tile	<input type="checkbox"/> Slate	<input type="checkbox"/> Other: _____
What is the age of the roof? _____ years							
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No							
What is the square footage of the entire structure? _____ sq. ft.							
<b>Building Limit:</b>	\$ _____	<b>Coinsurance</b> (80% minimum)	_____ %	<input type="checkbox"/> ACV	<input type="checkbox"/> RC		
<b>Business Personal Property Limit:</b>	\$ _____	<b>Coinsurance</b> (80% minimum)	_____ %	<input type="checkbox"/> ACV	<input type="checkbox"/> RC		
<b>Business Income Limit:</b>	\$ _____	<b>Coinsurance</b>	<u>or</u>	<b>Monthly Limit of Indemnity</b>			
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense		<input type="checkbox"/> 50%	<input type="checkbox"/> 60%	<input type="checkbox"/> 70%	<input type="checkbox"/> 1/3	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/6
		<input type="checkbox"/> 80%	<input type="checkbox"/> 90%	<input type="checkbox"/> 100%			

11. Is there any commercial cooking/deep fat frying or grilling done on the premises?  Yes     No
12. Is all cooking equipment covered by a functioning and operational automatic fire extinguishing system that is compliant with the National Fire Protection Association standard 96?  Yes     No
13. Is all cooking equipment covered by an in-force cleaning contract?  Yes     No
14. Are functioning and operational fire extinguishers readily available?  Yes     No
15. Are there any sales of fireworks or other pyrotechnics on the premises?  Yes     No

**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 and amusement receipts)

Prepared food sales:    \$ \_\_\_\_\_ (OFF-premises consumption e.g., delicatessen)

                                  \$ \_\_\_\_\_ (ON-premises consumption)

Liquor sales:            \$ \_\_\_\_\_ (OFF-premises consumption)

                                  \$ \_\_\_\_\_ (ON-premises consumption)

Self-service car wash sales: \$ \_\_\_\_\_

Gallons of gas pumped: \_\_\_\_\_ (annually)    Sales: \$ \_\_\_\_\_

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**

16. Is the applicant now, or will the applicant ever act as a franchisor? (grantor of a franchise)  Yes     No
17. Is there any sale of, distribution of or filling of liquefied petroleum gas? (LPG/Propane)  Yes     No
18. Do the gross sales exceed \$2 million?  Yes     No
19. Is there an automatic car wash on the premises? (self-service car wash is acceptable)  Yes     No
20. Are any auto repair operations done on the premises?  Yes     No
21. Are any locations in excess of 5,000 square feet?  Yes     No
22. Is any portion of the building leased to commercial tenants?  Yes     No
- a. If "Yes," what is the tenant's operation? \_\_\_\_\_
- b. How many square feet does the tenant occupy? \_\_\_\_\_
23. Does the applicant lease any apartments at this location?  Yes     No
- a. If "Yes," how many apartments/units? \_\_\_\_\_
- b. What is the total area of said apartments/units? \_\_\_\_\_

**IV. LIQUOR LIABILITY SECTION**     Not applicable

24. Does the 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

25. 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 AK, AL, IA, IL, LA, MS, RI or WV?  Yes  No
26. Does the establishment attract a predominantly youthful clientele ranging from 21–25 years of age?  Yes  No
27. What time does the sale of alcohol cease? \_\_\_\_\_  a.m.  p.m.  24 hours
28. 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.)
29. 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, W = Waiver of Transfer of Rights of Recovery Against Others to Us")

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

**Liquor Liability Eligibility**

30. 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: \_\_\_\_\_
31. Are general liability limits equal to or greater than liquor liability limits maintained? (As a condition of coverage, general liability limits must be maintained at limits equal to or greater than liquor liability limits.)  Yes  No
32. Will applicant maintain a valid liquor license, if required by ordinance or law, prior to the applicant selling, serving or distributing alcohol?  Not Required  Yes  No  
 a. Name on license: \_\_\_\_\_  
 b. License #: \_\_\_\_\_
33. Are employees or other persons selling or serving alcohol permitted to consume alcohol during their hours of employment or service?  Yes  No
34. 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
35. Within past five years, has applicant's liquor liability coverage been cancelled or non-renewed?  Yes  No  
 If "Yes," explain: \_\_\_\_\_
36. 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 AK, AL, IA, IL, LA, MS, RI or WV?  Yes  No
37. Does applicant ever sell or serve alcohol away from the premises?  Yes  No

**FRAUD STATEMENTS**

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia:** 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.

**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.

**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.

**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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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; 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.

**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

**Maryland Fraud Statement:** 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.

**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 facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Kentucky, Pennsylvania AND Ohio 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, Virginia and 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 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 may be guilty of a crime and may be subject to fines and confinement in prison.

## STATE NOTICES

**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.

**Florida Surplus Lines 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 Punitive Damage 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.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, 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.

**Ohio Representation Statement:** 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. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages 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.

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 signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

**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.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_

President, Chairperson of the Board, Managing Member, or Executive Director

Date: \_\_\_\_\_