

RETAIL SHOP INSURANCE APPLICATION PREMISE LIABILITY ONLY AND PROPERTY INSURANCE

HOW TO COMPLETE THIS FORM

To complete this form, you must be a principal, partner, or director of the applicant firm and should make all the necessary inquiries of their fellow partners, directors, and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response on an additional sheet and attach it to this application. Once you have completed the form please return directly to your insurance broker.

SECTION 1: COMPANY DETAILS

1. Please complete the following:

Company Name: _____

Physical Location Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Legal Status: Individual Partnership Corporation Joint Venture Other: _____

Contact Name: _____ Phone: _____

List the names of all predecessor organizations of the Applicant: _____

Federal Tax ID Number: _____ Number of years in business: _____

2. Is the Applicant controlled by, owned by, or commonly owned, affiliated, or associated with any other organization? Yes No

If yes, provide details: _____

3. Total experience in this type of business: _____ years
4. Please state the number of employees: Full-time: _____ Part-time: _____
5. Total Gross Receipts for this Location: _____
6. Provide your days/hours of operation: _____
7. List types of items sold:
8. Does this location have a hookah lounge? Yes No If yes, please check off if there are any of the following: Live Music/DJs Bouncers/Doormen Liquor Served Fresh Food Served/Sold

SECTION 2: PROPERTY INFORMATION

1. Age of Building: _____ Construction Type: _____ Number of Stories: _____
Square Footage: _____ Distance from Fire Station: _____ Miles. Distance from Fire Hydrant: _____ Feet
Is the building Sprinklered (Fire Suppression System): Yes No, If "Yes", what percentage: _____%
2. If building is older than 20 years, when were the following upgraded?
Roof: _____ Plumbing: _____ Wiring: _____ Heating: _____
3. Central Station Burglar Alarm? Yes No If yes, name of monitoring company: _____
*Theft is excluded if there is no Central Station Alarm with Monitoring
4. Other Occupancies in building? (Describe) _____
5. Adjoining Occupancies: LEFT: _____ RIGHT: _____
6. Approximate distance from fire station: _____ Distance from fire hydrant: _____
7. Name & Address of Loss Payee: _____
8. If landlord requires to be listed as an additional insured, please provide the following:
Name: _____
Address: _____

SECTION 3: COVERAGE INFORMATION – LIMITS

CONTENTS	\$ _____	
CBD FINISHED STOCK	\$ _____	
BUILDING (If You Own) /TIB	_____	
MONTHLY EARNINGS	\$ _____	Monthly Indemnity: 1/3 ___ 1/6 ___ 1/12 ___
SIGN	\$ _____	

1. Limits of Liability requested: \$ _____ /\$ _____
Deductible: \$ _____
The company does not guarantee to offer any of the above limits and/or deductibles.
2. Do you currently have liability insurance? Yes No
Insurance Company: _____
Limits of Liability: \$ _____ Deductible/SIR: \$ _____
Expiring Premium: \$ _____ Expiration Date: _____
3. Retroactive Date/Prior Acts Date (if applicable): _____
4. Has any insurer declined, cancelled, or non-renewed any product liability insurance or any similar insurance on behalf of any person(s) or organization(s) proposed for this insurance? Yes No
If yes, please provide details: _____

SECTION 4: CLAIMS HISTORY

1. Has any claim been made against any person(s) or organization(s) proposed for this insurance during the last 5 years? Yes No

If yes, please complete the following for the previous five (5) years, including for any predecessor. Attach a description of any loss greater than \$10,000 total incurred.

Year	No. of Claims	Total Amounts Paid	Amounts Reserved	Total Incurred	Date of Loss

2. Have there been in property losses in the last 5 years? Yes No

If yes, please provide details: _____

Year	No. of Claims	Total Amounts Paid	Date of Loss

3. Is (are) any person(s) or organization(s) proposed for this insurance aware of any fact, incident, circumstance, situation, condition, defect or suspected defect which may result in a Products Liability claim? Yes No

If yes, please provide details: _____

SECTION 5: WARRANTIES

NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

No fact, circumstance or situation indicating the probability of a claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or organization(s) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there is knowledge of any such fact, circumstance or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

For the purpose of this application, the undersigned authorized agent of the person(s) and organization(s) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application and in any attachments, are true and complete. The Company is authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

If the information in this application and any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Veracity Insurance Solutions, LLC, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

The undersigned declares that the person(s) and organization(s) proposed for this insurance understand that:

- (i) the policy for which this application is made applies only to "Claims" first made during the "Policy Period"; and
- (ii) unless amended by endorsement, the limits of liability contained in the policy shall be reduced, and may be completely exhausted by "Claim Expenses" and, in such event, the Company will not be liable for "Claim Expenses" or the amount of any judgment or settlement to the extent that such costs exceed the limits of liability in the policy.

WARRANTY: I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, partners, directors, officers, and employees.

Applicant Signature: _____

Date: _____

Print Name: _____

Title: _____