

LIQUOR PAK⁰ BOP APPLICATION

Named Insured _____

Form of Business Individual Corporation LLC Partnership Other _____

Is applicant engaged in any other type of business? Yes No Describe: _____

Mailing Address: Street _____

City _____ State _____ Zip _____ County _____

Location Address: Street _____

City _____ State _____ Zip _____ County _____

Any location not being insured under this policy? Yes No Describe _____

Agency _____ Agency Contact _____

Policy Period From: _____ To: _____

3 Year Prior Carrier Information and Loss History

Year	Prior Carrier	Premium	Describe any Losses	Amount of Loss \$

Has any company declined, cancelled or non-renewed coverage? Yes No

If yes, explain _____

Year Built _____ Protection Class _____ Sprinklered Yes No

Construction of Building Frame Joisted Masonry Non-combustible Fire Resistive

Total sq. ft. of insured premises _____ # of Stories _____

Has heating, plumbing, electrical and roof been updated within the last 5 years Yes No

Building Occupancy: Single Occupancy Multiple Occupancy % of Building Occupied by Insured _____

Describe other occupants and % occupied

<u>Occupant</u>	<u>% Occupied</u>	<u>Occupant</u>	<u>% Occupied</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any restaurants adjacent to Insured? Yes No Any apartments in building w/insured? Yes No If yes # _____

Who is responsible for snow/ice removal? Named Insured Building Owner

Who is responsible for structural repairs? Named Insured Building Owner

Who is responsible for parking lots/sidewalks? Named Insured Building Owner

If yes to building owner, do written agreements exist? Yes No

Is the premises protected by a burglar alarm? Yes No Fire Alarm? Yes No

Burglar Alarm Type _____ Description _____ Grade _____ Lines Monitored Yes No
*Alarm Certificate Required

Describe any other protection _____

Safe on Premises Yes No Make _____ Class _____ Description _____

Cash on Premises Average Value Maximum Value

Inside the Premises _____

In transit to bank _____

Overnight _____

How often are bank deposits made? _____ By whom _____ Bank distance from store _____

Are deposits always made at the same time? Yes No

Any Check Cashing, Western Union or Money Orders available on premises? Yes No

Describe _____

Any prior bankruptcies? Yes No How long in business under this ownership? _____

of Part Time Employees _____ # of Full Time Employees _____

Are employment applications required? Yes No Are employees screened for prior dishonest acts? Yes No

What are the Annual Gross Sales? \$ _____ Alcohol Sales \$ _____

What is the % of the Annual Gross Sales of each of the following?

Liquor _____% Wine _____% Beer _____% Cigarettes _____% Lottery _____% Other* _____%

*Describe Other _____

What is the average value of insured's inventory? _____

What is the replacement cost of furniture & fixtures? _____

What is the value of tenant's improvements to building? _____

What are the hours of operation? Weekdays _____ Friday _____ Saturday _____ Sunday _____

Any outside drive up windows? Yes No

If yes, what % of sales are made from this window _____% Hours of operation _____

Any cooking, food prepared, grills or fryers on premises? Yes No Describe _____

Any produce or raw meat sold? Yes No Any gasoline sold on premises? Yes No

Any guns on premises? Yes No # _____ Type _____

Storage Location _____ Describe Training _____

Any owned or leased autos registered to the Named Insured? Yes No

Do employees use their cars for business purposes? Yes No If yes, _____%

Does the insured deliver to customers? Yes No If yes, how often _____

LIQUOR LIABILITY

Liquor License # _____ Does insured currently carry Liquor Law Liability insurance? Yes No

Describe age verification procedures _____

Any consumption of alcohol on the premises? Yes No Any tastings held on or off premises? Yes No

Describe _____

Has applicant in the past 5 years ever had liquor liability insurance cancelled, not renewed or refused? Yes No

Describe _____

In the past 5 years has applicant had any reported alcohol related claims? Yes No

Describe _____

In the past 5 years has applicant been cited by the Liquor Control Commission? Yes No

Describe _____

<u>LIMITS</u>	<u>Included</u>	<u>Optional</u>
Building	\$ Nil	<input type="checkbox"/> \$ _____
Building is owned by insured but insured elsewhere	<input type="checkbox"/>	
Business Personal Property	\$ Nil	<input type="checkbox"/> \$ _____
Deductible	\$ 500	<input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 2,500
Ordinance or Law –		
Coverage A - Undamaged Portion of Building		Included up to Building Limit
Coverage B - Demolition Cost	\$ 25,000	<input type="checkbox"/> \$ _____
Coverage C - Increased Cost of Construction	\$ 25,000	<input type="checkbox"/> \$ _____
Computer Equipment/Media/Software	\$ 25,000	<input type="checkbox"/> \$ _____
Employee Dishonesty	\$ 10,000	<input type="checkbox"/> \$ 25,000 <input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$ _____
Money & Securities	\$ 10,000 On Premises \$ 5,000 Off Premises	<input type="checkbox"/> \$ _____ On Premises <input type="checkbox"/> \$ _____ Off Premises
Exterior Signs	\$ 10,000	<input type="checkbox"/> \$ _____
General Liability	\$1,000,000/\$2,000,000	<input type="checkbox"/> \$ _____
Liquor Law Liability	\$ Nil	<input type="checkbox"/> Same as General Liability
Hired and Non-Owned Auto Liability	\$ Nil	<input type="checkbox"/> Same as General Liability
Employee Benefits Liability	\$ Nil	<input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
Other _____	\$ Nil	<input type="checkbox"/> \$ _____
Other _____	\$ Nil	<input type="checkbox"/> \$ _____
Other _____	\$ Nil	<input type="checkbox"/> \$ _____
Other _____	\$ Nil	<input type="checkbox"/> \$ _____

Boiler & Machinery Yes No Basic Comprehensive Any boilers at this location? Yes No

Notes _____

UMBRELLA

Automobile Liability Any units not covered by underlying insurance? Yes No
Owned Vehicles _____ Type _____
Leased Vehicles _____ Type _____
Primary policy: Carrier _____ Policy # _____
Policy Period _____ Liability Limits _____

Employers Liability Is insured self-insured in any state? Yes No
Primary policy: Carrier _____ Policy # _____
Policy Period _____ Liability Limits _____

Aircraft Liability Does named insured own/lease/operate aircraft? Yes No

Watercraft Liability Does named insured own or lease watercraft? Yes No

Umbrella Limit requested

\$ 1,000,000 \$ 2,000,000 \$ 3,000,000 \$ 4,000,000 \$ 5,000,000 \$ _____
 Including Excess Liquor Liability or Excluding Excess Liquor Liability

Note: Excess Auto and WC Liability will be excluded if underlying carrier & policy information is not provided

Mortgage Holder

Name _____
Address _____

Loss Payable Clause

Name _____
Address _____

Additional Insured

Name _____
Address _____
Interest _____

INSPECTION CONTACT & PHONE # _____

ATTACH AN ORIGINAL PICTURE OF EACH LOCATION

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, COMMIT S 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).

Applicant's Signature Producer's Signature Date