



Hospitality Insurance Group
106 Southville Road
Southborough, MA 01772
HMIC.com / 877-366-1140

BUSINESS OWNERS' POLICY (BOP) APPLICATION

Agent Name: _____ Address: _____

Phone: _____ Email: _____

Applicant Information

Legal Entity ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Joint Venture ☐ Other: _____

Business Name: _____

DBA: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone Number: _____

Email address: _____ Website Address: _____

Policy Term Requested: Effective from _____ to _____

Date Business Started: _____ *New Owners/Ventures:* Provide # years of experience in this trade/business: _____

Details of prior experience: _____

Does applicant own or operate any other business or premises under the same legal entity name/ownership?

☐ Yes ☐ No

Is any other business being submitted for this insured: ☐ Liquor Liability* ☐ Excess Liability

Does Insured sell, serve, or allow bring your own alcohol? ☐ Yes* ☐ No

***If yes, complete liquor liability supplement attached.**

If yes, has the insured had any liquor license violations, suspensions, or revocations? ☐ Yes ☐ No

Description of Operations: _____

Number of Locations _____ (*for each location below must be completed*):

Location Address(s) (if other than mailing address shown above): _____

Have you had prior business owners' insurance in the past 3 years? ☐ Yes ☐ No

If Yes, Prior Carrier: _____ Expiring Premium: _____

Any losses more than \$5,000 paid or reserved in the past 3 years or more than 2 losses in the past 3 years?

☐ Yes ☐ No

Any Cyber losses within the past 3 years? ☐ Yes ☐ No

Any Employment Practices Liability losses within the past 3 years? ☐ Yes ☐ No

Loss History: Total number of claims in the past 3 years _____ (If any claims, provide loss runs - If loss runs are **not** provided, please complete below)

<u>Date</u>	<u>Type/Description</u>	<u>Amount Paid</u>	<u>Amount Reserved</u>	<u>Open/Closed</u>
_____	_____	_____	_____	Open
_____	_____	_____	_____	Open

General Underwriting InformationComplete all questions, for each location. Attach separate sheet as needed.**Check all protective systems that apply:**

Automatic Fire Alarm ☐ Local ☐ Central: ☐ Yes ☐ No Burglar Alarm ☐ Local ☐ Central: ☐ Yes ☐ No
 Smoke Detectors – Hard Wired: ☐ Yes ☐ No Smoke Detectors – Battery: ☐ Yes ☐ No
 Security Service Company: ☐ Yes ☐ No Service Contract: ☐ Yes ☐ No
 Security Personnel/employee: ☐ Yes ☐ No

If contracted Security, are they armed: ☐ Yes ☐ No; Is there a hold harmless contract in place naming insured harmless: ☐ Yes ☐ No; *Copy of Contract Required*

Is this a seasonal operation (Closed more than 30 days): ☐ Yes ☐ No; If yes, describe: _____

Is there any entertainment ever held on site: ☐ Yes ☐ No; If yes, describe: _____

Are the following on the premises – check all that apply: Swimming Pool: ☐ Yes ☐ No; Playground: ☐ Yes ☐ No;
 Fire Pit: ☐ Yes ☐ No; Working Wood Fireplace: ☐ Yes ☐ No

Any sales of guns or ammunition: ☐ Yes ☐ No Any firearms on premise: ☐ Yes ☐ No

Do/have past, present, or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material: ☐ Yes ☐ No

Are athletic teams sponsored: ☐ Yes ☐ No

Are sub-contractors allowed to work without providing a certificate of insurance? ☐ Yes ☐ No; If no, who checks certificates: _____

During the last five years has any applicant been indicted or convicted of any degree of the crime of fraud, bribery, arson, or any other arson-related crime in connection with this or any other property: ☐ Yes ☐ No

Have police been called to premise in the last 3 years: ☐ Yes ☐ No If yes, describe: _____

Any policy or coverage declined, cancelled or non-renewed during the prior 3 years: ☐ Yes ☐ No; If yes, describe: _____

Do you own or operate any other business: ☐ Yes ☐ No; If yes, describe: _____

Any other insurance with this company: ☐ Yes ☐ No; If yes, describe: _____

Are you involved in manufacturing, mixing, relabeling, or repackaging of products: ☐ Yes ☐ No

Do you rent or loan equipment to others: ☐ Yes ☐ No; If yes, describe: _____

Has applicant had a foreclosure, repossession, bankruptcy judgement or lien during the past 5 years: ☐ Yes ☐ No; If yes, describe: _____

Any cast iron sectional boilers used for the production or processing of products: ☐ Yes ☐ No; *If yes, UW referral required.*

Any past losses or claims relating to sexual abuse or molestation allegations, discrimination, or negligent hiring:

☐ Yes ☐ No; If yes, explain: _____

Any fire code violations in the past 5 years: ☐ Yes ☐ No; If yes, describe: _____

Does insured lease any part of the building to others: ☐ Yes ☐ No; If yes, describe: _____

What % of the building is currently vacant or unoccupied: _____

Apartments ☐ Yes ☐ No; : If yes, number of units: _____

Does insured have surveillance cameras? ☐ Yes ☐ No; If yes, in store: ☐ Yes ☐ No; Outside store: ☐ Yes ☐ No;

Are cashiers under surveillance: ☐ Yes ☐ No; How long are tapes kept: _____

Business Owners Package Coverage – Property & Liability

Complete for each location

(Attach Additional Location/Building Supplement pages as needed)

Location ____ of ____Location Address: Same as the mailing address: ☐ Yes ☐ No; If No, please enter location address:

Street: _____

City: _____ State: _____ Zip: _____

Distance to Coast (miles): _____ Distance to nearest Fire Hydrant (feet): _____ Nearest Fire Station (miles): _____

Building ____ of ____

Insured is: ____ Owner ____ Tenant

Hours of Operation: From _____ to _____

Number of days a week open: _____

Year Built: _____ Number of stories: _____ Total Sq Feet of Building: _____ Sq Feet Occupied: _____

Portion of building unoccupied or vacant: _____%

Building Construction: ☐ Frame ☐ Joisted Masonry ☐ Fire Resistive ☐ Non-Combustible ☐ Non-Combustible Masonry

Year of last update: Electric _____ Heating/AC _____ Plumbing _____ Roof _____

Is building 100% sprinklered? ☐ Yes ☐ NoAre, there other business in the same building? ☐ Yes ☐ No; If yes, please provide complete description of other businesses: _____

Building Replacement Cost: \$ _____; at 100% to value

Business Personal Property: \$ _____; at 100% to value

Tenant's Improvements and Betterments value: \$ _____; at 100% to value

Any surrounding exposures? ☐ Yes ☐ No; if yes, describe: _____Does insured sell any goods under their own label? ☐ Yes ☐ No; if yes, list items: _____**Location Options and Coverages**Property Deductible: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$7,500 ☐ \$10,000If Applicable - Wind Hail Deductible: ☐ 1% ☐ 2% ☐ 5%

Business Income limit of Insurance Requested: \$ _____

Equipment Breakdown Perishable Goods Limit: \$25,000 (limit included): Additional limits available, select Limit:

☐ \$50,000 ☐ \$75,000 ☐ \$100,000Damage to Premises Rented to you: \$50,000 (limit included): Additional limits available under *Optional Coverages*

Total Sales at this location:

Food: \$ _____

Liquor: \$ _____

Other: \$ _____;

Describe: _____

Annual Gasoline: \$ _____

Total Gallons Sold per year: _____

Policy Level - Options and Coverages

Liability Limits – Select one:

- ☐ \$300,000 per occurrence/\$600,000 aggregate ☐ \$500,000 per occurrence/\$1,000,000 aggregate
☐ \$1,000,000 per occurrence/\$2,000,000 aggregate ☐ \$2,000,000 per occurrence/\$4,000,000 aggregate
 (Underwriting approval required)

Damage to Premises Rented to You: ☐ Yes ☐ No; \$50,000 (included in policy) additional limits are available up to \$300,000; in increments of \$50,000. Limit Requested \$ _____

Broadened Coverage for Damage to Premises Rented to You: Limits available up to \$300,000; in increments of \$50,000. Limit Requested \$ _____ (cannot be purchased if you selected additional limits for Damage to Premises Rented to You above)

Year 2000 Computer-Related and other electronic problems: ☐ Yes ☐ No

Terrorism Coverage: ☐ Yes ☐ No

Association Membership: ☐ Yes ☐ No

Association Name: _____

Employment Practices Liability: ☐ Yes ☐ No; Limit of \$25,000 (NH limit is \$100,000) with \$2500 Deductible

Additional Limits are available of \$50,000, \$100,000 and \$250,000 with a mandatory \$2500 deductible applicable.

Limit Requested \$ _____ (Supplemental EPL Questionnaire required for higher limits of \$100,000 (N/A for NH) or \$250,000) **# of Full Time Employees** _____ **# of Part Time Employees** _____

Insured MUST be able to affirm all five statements below to secure coverage for EPL:

1. The insured has 100 full time equivalent employees or less.
2. There have been no EPL claims, suits or complaints nor are there any now pending against the insured or any executive, office, or owner.
3. The Insured and any executive, officer or owner has no knowledge or information of any act, error or omission which could reasonably be expected to give rise to an EPL claim, suit, or complaint.
4. All job applications are required to complete and sign an employment application.
5. In the past 12 months and the coming 12 months combined, there has not been nor does the insured expect any layoffs or reductions in force totaling more than 15% of the total employee count.

INSURED SIGNATURE CONFIRMATION REQUIRED TO BIND EPL: I affirm the above statements are true.

Insured Signature _____ Date _____

Location Level - Options and Coverages

(select only one Prime)

Prime Plus Enhancement ☐ Yes ☐ No Location #(s) _____

Prime Enhancement ☐ Yes ☐ No Location #(s) _____

Prime Convenience ☐ Yes ☐ No Location #(s) _____

If yes, outdoor signs limit: _____ (only for prime convenience)

Food Contamination ☐ Yes ☐ No Location #(s) _____

(Required for Restaurants)

Food contamination limits of insurance: \$10,000 – Higher limits available up to \$50,000 in increments of \$5,000.
 Limit requested \$ _____

Additional Advertising Expense Limit of Insurance: \$3,000 – Higher limits up to \$5000 available.

Limit requested \$ _____

Location Level - Options and Coverages continued

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Brands & Labels ☐ Yes ☐ No Location #(s) _____
(Automatically included for restaurants)

Theft of Clients Property ☐ Yes ☐ No Location #(s) _____
Automatically included for restaurants, do not select limit. All others must purchase Enhancement Endorsement – Prime or Prime Plus to purchase coverage.

Policy Limit: \$5,000 - Higher limits available of \$10,000 or \$25,000 available. Limit Requested \$ _____

Cyber Policy automatically includes limit of \$50,000 (NH limit is \$100,000) with \$1000 Deductible. Location #(s) _____
Additional Limits available \$100,000 or \$250,000 with a mandatory \$2500 deductible. Limit Requested: \$ _____
(Supplemental Cyber Questionnaire required for higher limits)

Hired and Non-Owned Auto Liability ☐ Yes ☐ No Location #(s) _____

Does Insured have a commercial auto policy in force? ☐ Yes ☐ No (if yes, this optional coverage is not available)

Does insured offer delivery or valet parking? ☐ Yes ☐ No (if either are yes, this optional coverage is not available)

Limits Available - Select one: ☐ \$300,000 / \$600,000 ☐ \$500,000 / \$1,000,000 ☐ \$1,000,000 / \$2,000,000

Building Level - Options and Coverages

Ordinance or Law Coverage ☐ Yes ☐ No Building #(s) _____

Options: Coverage 1 only; Coverage 3 Only; Coverage 1 & 2; Coverage 1,2 & 3 with or without 2 & 3 Combined.

Coverage 1: Loss in value of undamaged portion of building due to demolition from ordinance.

Coverage 2: Limit of Insurance = \$ _____

Coverage 3: Limit of Insurance = \$ _____

Coverages 2 and 3: Combined Limit of Insurance \$ _____

Ordinance or Law Business Income ☐ Yes ☐ No

Inflation Guard (Policy automatically defaults to 8%): Building #(s) _____

Optional %: ☐ 2% ☐ 4% ☐ 6% ☐ 10%

Condominium Commercial Unit-Owners Optional Coverages Loss Assessment: ☐ Yes ☐ No Building #(s) _____

Limits available up to \$50,000, in increments of \$5000: Limit Requested \$ _____

Loss Assessment Deductible: \$500

Sub-Limit for Condominium Association Deductible (if other than \$1000): Limit Requested \$ _____

Additional Interests: (Mortgage, Loss Payee, Additional Insured) – if more than two, provide on separate sheet:

Name: _____ Interest: _____

Address: _____

Name: _____ Interest: _____

Address: _____

Insured Signature: _____

Date: _____

Email address: _____

Agent Signature: _____

Date: _____

RESTAURANT SUPPLEMENT

Attach restaurant supplement for each location

Is the restaurant operated by insured? ☐ Yes ☐ No; If no, please explain below:

How long has insured been at this location? _____

Has any other business other than a restaurant been at this location? ☐ Yes ☐ No; If yes, explain below:

Is restaurant on ground floor? ☐ Yes ☐ No If no, indicate floor # _____

Does restaurant maintain parking areas? ____ Yes ____ No; If no, indicate who is responsible: _____

Is restaurant seasonal? ☐ Yes ☐ No; If yes, please explain: _____

Has restaurant ever been cited by the board of health? ☐ Yes ☐ No; If yes, please explain below:

Hours of Operation: Kitchen Hours: _____ to _____ Bar/Lounge Hours: _____ to _____

Outside Patio area: ☐ Yes ☐ No

Deck: ☐ Yes ☐ No; If yes, Height of Deck: _____

Seating Capacity: _____

Dance Floor: ☐ Yes ☐ No

Is there entertainment: ☐ Yes ☐ No; If yes, please indicate type:

Live Entertainment: ☐ Bands ☐ DJ ☐ Karaoke Background Music: ☐ Piano Player, incidental soft music

Is there a catering exposure: ☐ Yes ☐ No; If yes, ☐ On premises ☐ Off Premises

If yes, describe: _____

Are delivery services offered? ☐ Yes ☐ No; If yes, please indicate the method of delivery below:

☐ Company auto ☐ Employee auto ☐ Delivery service (Uber Eats, Grub Hub etc.)

Does insured serve alcohol? ☐ Yes ☐ No

Are you requesting Liquor Liability Coverage (Liquor App Required)? ☐ Yes ☐ No

If no, please explain: _____

Does applicant conduct "happy hours" or other promotional events? ☐ Yes ☐ No; If yes, please explain below:

Restaurant Supplement continued

Select all the cooking methods used:

- ☐ Wood burning stove ☐ Tandoor ☐ Hot Pot ☐ Hot Stone ☐ Tableside Hibachi or cooking
☐ Open Pit Barbeque ☐ BBQ Table ☐ Other: _____
☐ None of the above

Does insured have Banquet/Function Hall Facilities: ☐ Yes ☐ No

Are all commercial cooking appliances covered by a wet chemical UL 300 Automatic Extinguishing System (AES) that is serviced every 6 months? ☐ Yes ☐ No

Have the life safety requirements (NFPA 101) for emergency lighting and number of exists been met? ☐ Yes ☐ No

Are all cooking appliances that produce smoke or grease laden vapors placed under a hood and duct system? ☐ Yes ☐ No

Is the hood, filter and duct system(s) inspected daily and professionally cleaned every 6 months? ☐ Yes ☐ No

Are the deep fat fryer(s) equipped with an automatic fuel shutoff for temperatures above 475 degrees? ☐ Yes ☐ No

Do the deep fat fryer(s) have a steel or glass baffle of at least 10 inches between the fryer and adjacent cooking surfaces? ☐ Yes ☐ No

Is a K-Rated fire extinguisher present in the kitchen? ☐ Yes ☐ No

Has applicant ever been fined by any federal, state, or local governmental agency or entity related to any past or current business operations? ☐ Yes ☐ No

If yes, describe: _____

Insured Signature: _____

Date: _____

Email address: _____

Agent Signature: _____

Date: _____

CONVENIENCE STORE SUPPLEMENT

Attach convenience store supplement for each location

ATM on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deli Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lottery Sales?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
If yes, lottery sold over the counter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, sold via lottery machine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check cashing service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured sell tobacco products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are procedures displayed and followed to verify the age of customers buying tobacco products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are ID's checked to verify the age of customers buying liquor or alcohol?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Do all exterior doors have double cylinder deadbolts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a safe on premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does insured utilize a drop safe? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there signs posted regarding drop safe usage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are all monies and securities always stored inside a locked safe when the business is closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are deposits made daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the maximum amount of cash in all registers at any one time? _____	
What is the average amount of cash kept on store premises? _____	
Are guard dogs on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do cashiers have a panic button connected to the police or central stations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parking spaces adjacent to the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are there concrete or steel posts or barriers preventing vehicles from colliding with the structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there convex mirrors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Convenience Stores with Gasoline

Number of Pumps: _____	Value of Pumps: _____
Does insured own the tanks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does insured own the gasoline? <input type="checkbox"/> Yes <input type="checkbox"/> No Are the tanks/gasoline insured elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there canopies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are they made entirely of steel/metal? <input type="checkbox"/> Yes <input type="checkbox"/> No Do they contain any wood parts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gasoline pump full service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gasoline pump self-service only? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are all pumps equipped with automatic shut-off capability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all pumps protected by steel or concrete barriers to prevent contact and collision from automobiles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are "no smoking" signs posted in all areas where fuels are stored or dispensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any above ground storage tanks on premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured have electric car chargers on premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many? _____ Value of chargers: _____	
Does the insured own the tanks? Yes No	Does the insured own the gasoline? Yes No
Are the tanks and/or gasoline insured elsewhere? Yes No	Carrier: _____

BOP Liquor Liability Supplement

Attach liquor supplement for each location as needed

Named Insured: _____

D/B/A: _____

Location Address: _____

Member of Association: ☐ Yes ☐ No Name of Association: _____

Retail Stores - including package stores, markets & gas stations; no consumption on premises

Restaurants – liquor sales less than 50% of total food & liquor sales

Policy Limits Requested:

- ☐ \$50,000 per person / \$100,000 per occurrence / \$100,000 aggregate
☐ \$100,000 per person / \$200,000 per occurrence / \$200,000 aggregate
☐ \$250,000 per person / \$500,000 per occurrence / \$500,000 aggregate
☐ \$500,000 per person / \$1,000,000 per occurrence / \$1,000,000 aggregate
☐ \$1,000,000 per person / \$1,000,000 per occurrence / \$2,000,000 aggregate

Optional Endorsements

Property Damage Endorsement ☐

Terrorism ☐

Assault & Battery Endorsement – select A&B Sublimit:

- ☐ \$100,000 / \$200,000 / \$200,000
☐ \$500,000 / \$1,000,000 / \$1,000,000

- ☐ \$50,000 / \$100,000 / \$100,000
☐ \$250,000 / \$500,000 / \$500,000
☐ \$1,000,000 / \$1,000,000 / \$2,000,000

I decline to purchase Assault & Battery Coverage: ☐

Business Sales

Liquor Sales – On Premises Consumption \$ _____

Food Sales - On Premises Consumption \$ _____

Liquor Sales – Off Premises Consumption \$ _____

Food Sales - Off Premises/ Catering \$ _____

Price of Domestic Bottle of Beer: \$ _____

☐ Bottle Service Available

Sales Verification Documentation Options – Required for quotes with total sales over \$1,000,000

- ☐ Print out of insured's POS system for past 12 months
☐ MassConnect – MA Online Sales Tax form for the past 12 months (MA only)
☐ Accounting statement for past 12 month (signed by licensed accountant)

Entertainment – Are any of the following provided at this premises? (*Check all that apply*) No Entertainment

Darts	DJ with Dancing	Karaoke	Dancing
Pool Tables	Live Bands	Mechanical Bulls	Dance Floor
Pub Crawls	Happy Hour	Exotic Dancing	Drinking Games/Tournaments

Other: _____

Number of Days with live entertainment per week: _____

Number of days open per week: _____

Additional Insureds (applicable to liquor liability):

Name: _____ Interest: _____

Address: _____

Name: _____ Interest: _____

Address: _____

BOP Liquor Liability Supplement continued

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Alcohol Training / Security Training Information

Are any bouncers, doorpersons or security used? ☐ Yes ☐ No; If yes, are they: ☐ Company Employees ☐ Contracted

Is there a written alcohol serving policy in place? ☐ Yes ☐ No

Name of Alcohol Training Program (if applicable): _____

Have 100% of management and 100% non-management servers been certified? ☐ Yes ☐ No

Name of Security Training Program (if applicable): _____

Have 100% of management and 100% non-management servers been certified? ☐ Yes ☐ No

Are employees permitted to consume alcohol on the applicant's premises prior to, during or after their shift ends? ☐ Yes ☐ No

Citations And / Or Hearings

Has the applicant had any citations or hearings with their local liquor licensing board? ☐ Yes ☐ No

If yes, please provide details: _____

Has the applicant been fined or cited for ABC violations of law or ordinances related to illegal activities or the sale of alcohol?

☐ Yes ☐ No; If yes, please provide: Date: _____ Fine: _____ Penalty Assessed: _____

Security Information

Security Cameras Outside Premises ☐ Yes ☐ No Length of time video is saved _____

Security Cameras Inside Premises ☐ Yes ☐ No Length of time video is saved _____

Prior Coverage History

Has the applicant had any losses, claims, lawsuits or incidents in the past 3 years? ☐ Yes ☐ No

If yes, please provide detailed loss explanation: _____

Has the insured had prior coverage? ☐ Yes ☐ No ; If yes, please provide prior carrier information:

Year	Company	Premium
		\$
		\$

AGENT'S / APPLICANT'S CERTIFICATION & AUTHORIZED SIGNATURES

Whereupon the agent/applicant, under the pain and penalty of perjury, hereby acknowledges this application to be true and complete to the best of the agent's /applicant's knowledge and belief. By signing this application, we certify that the information contained herein is true and accurate to the best of our knowledge and belief, and we acknowledge that providing truthful and accurate information is a condition precedent to obtaining liquor liability insurance. We further acknowledge that any insurance which may be issued upon receipt of this application will be issued based upon the company's reliance on the information we have provided, and if such information is misleading or false, the company may void the insurance issued pursuant to this application. By signing this application, the applicant also hereby authorizes and directs each entity from whom the applicant purchases alcoholic beverages to provide to the company or its designated auditor all information regarding the applicant's retail and wholesale purchases of alcoholic beverages.

APPLICANT'S SECTION

Applicant's Name: _____ Title: _____

Applicant's Signature: X _____ Date: _____

AGENT / BROKER'S SECTION

Name of Agency: _____ Address: _____

Name of Agent: _____ Telephone: _____ Email: _____

Agent's Signature: X _____ Date: _____

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.

Fraud Notice

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO KANSAS APPLICANTS: 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 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 commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO 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 is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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.