



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 Information

Complete all questions, *for each location*. Attach separate sheet as needed.

Check all protective systems that apply:

- |   |                              |                             |  |                              |                             |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Automatic Fire Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Smoke Detectors – Hard Wired:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Smoke Detectors – Battery:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Security Service Company:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Service Contract:  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Security Personnel/employee:  | <input type="checkbox"/> Yes | <input type="checkbox"/> 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  No

Are, 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  \$10,000

If 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  \$100,000

Damage 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: \_\_\_\_\_

% of Sales paid by cash: \_\_\_\_\_



**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**

**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?  Yes  No
- Deli Service?  Yes  No
- Lottery Sales?  Yes\*  No  
If yes, lottery sold over the counter?  Yes  No  
If yes, sold via lottery machine?  Yes  No
- Check cashing service?  Yes  No
- Does insured sell tobacco products?  Yes  No
- If yes, are procedures displayed and followed to verify the age of customers buying tobacco products?  Yes  No
- Are ID's checked to verify the age of customers buying liquor or alcohol?  N/A  Yes  No
- Do all exterior doors have double cylinder deadbolts?  Yes  No
- Is there a safe on premise?  Yes  No  
If yes, does insured utilize a drop safe?  Yes  No Are there signs posted regarding drop safe usage?  Yes  No  
If yes, are all monies and securities always stored inside a locked safe when the business is closed?  Yes  No
- Are deposits made daily?  Yes  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?  Yes  No
- Do cashiers have a panic button connected to the police or central stations?  Yes  No
- Parking spaces adjacent to the building?  Yes  No  
If yes, are there concrete or steel posts or barriers preventing vehicles from colliding with the structure?  Yes  No
- Are there convex mirrors?  Yes  No

### Convenience Stores with Gasoline

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

Liquor Sales – Off Premises Consumption \$ \_\_\_\_\_

Price of Domestic Bottle of Beer: \$ \_\_\_\_\_

Food Sales - On Premises Consumption \$ \_\_\_\_\_

Food Sales - Off Premises/ Catering \$ \_\_\_\_\_

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

- |                                      |  |   |   |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Darts       | <input type="checkbox"/> DJ with Dancing | <input type="checkbox"/> Karaoke          | <input type="checkbox"/> Dancing                    |
| <input type="checkbox"/> Pool Tables | <input type="checkbox"/> Live Bands      | <input type="checkbox"/> Mechanical Bulls | <input type="checkbox"/> Dance Floor                |
| <input type="checkbox"/> Pub Crawls  | <input type="checkbox"/> Happy Hour      | <input type="checkbox"/> Exotic Dancing   | <input type="checkbox"/> Drinking Games/Tournaments |

Other: \_\_\_\_\_

Number of Days with live entertainment per week: \_\_\_\_\_

Number of days open per week: \_\_\_\_\_

Is insured located in a Social District?  Yes  No

### Additional Insureds (applicable to liquor liability):

Name: \_\_\_\_\_ Interest: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Interest: \_\_\_\_\_

Address: \_\_\_\_\_

**BOP Liquor Liability Supplement continued**

**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.