



# Games and Entertainment Product Application - All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name: \_\_\_\_\_

Location address: \_\_\_\_\_ ☐ Same as mailing address

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

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

Description of Operations:

Do you own the building? ☐ Yes ☐ No (If "No," skip Building Owner Questions under both the property and liability sections below)

### Property Section

Construction: ☐ Frame ☐ Joisted masonry ☐ Non-combustible ☐ Masonry non-combustible  
☐ Modified fire-resistive ☐ Fire-resistive ☐ Other \_\_\_\_\_

Protection class: \_\_\_\_\_

Requested cause of loss: ☐ Basic ☐ Special

Requested valuation: ☐ Replacement cost ☐ Actual cash value

Deductible: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000

Coinurance: ☐ 80% ☐ 90% ☐ 100%

Business personal property limit \$ \_\_\_\_\_

Business income and extra expense limit \$ \_\_\_\_\_

### Food Service Section

Is there food service on the premises? ☐ Yes ☐ No

Is there commercial cooking on the premises? ☐ Yes ☐ No

Is there a deep fat fryer on the premises? ☐ Yes ☐ No

If yes, what type of extinguishing system over the cooking area? ☐ Wet ☐ Dry

Is this extinguishing system functioning and operational? ☐ Yes ☐ No

Is there a cleaning contract in place on the cooking equipment? ☐ Yes ☐ No

### Building Owner

Building limit \$ \_\_\_\_\_

What year was the building constructed? \_\_\_\_\_

What is the square footage of the entire structure? \_\_\_\_\_ Square feet

### General Liability Section

| Total Games and Entertainment Sales* | Total Food Sales | Total Alcohol Sales | Total Merchandise Sales |
|--------------------------------------|------------------|---------------------|-------------------------|
| \$ _____                             | \$ _____         | \$ _____            | \$ _____                |

Type of merchandise sold? \_\_\_\_\_

\*Please provide a breakdown of sales by type of games and entertainment activity: for example, Laser Tag \$50,000; Billiards \$25,000, etc.

Type of Games and Entertainment Activity

Sales

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

General Liability Limit: ☐ \$100,000/\$200,000 ☐ \$300,000/\$600,000 ☐ \$500,000/\$1,000,000 ☐ \$1,000,000/\$2,000,000

Please indicate which activities are present, the annual sales attributable to each activity and answer questions for each that apply.

### Ball Pits:

Annual sales: \$ \_\_\_\_\_

What is the number of ball pits? \_\_\_\_\_

Are safety rules and procedures posted and visible to all participants? ☐ Yes ☐ No

Are staff members at ball pits during all hours of operation? ☐ Yes ☐ No

Are balls and pit inspected, cleaned and disinfected at least once per week? ☐ Yes ☐ No

- Are there netting or barriers around ball pits? ☐ Yes ☐ No
- Is a system in place to confirm all children are matched with the adult they entered facility with and verified before exiting facility? ☐ Yes ☐ No
- Are background checks performed on all employees? ☐ Yes ☐ No

#### **Batting Cages:**

Annual sales: \$ \_\_\_\_\_

- What is the number of batting cages? \_\_\_\_\_
- Is an attendant on duty whenever batting cages are open for business? ☐ Yes ☐ No
- Are the batting cages separated by fencing with latching gates? ☐ Yes ☐ No
- Are all batters required to wear a helmet at all times? ☐ Yes ☐ No
- Are home plates clearly marked? ☐ Yes ☐ No
- Are customers only six years and older allowed to enter a batting cage? ☐ Yes ☐ No
- Do pitching machines have a maximum speed of 65 mph or lower for 12 or under or a maximum speed of 80 mph for over 12 year old customers? ☐ Yes ☐ No
- Are pitching machines inspected, with inspection logs kept, according to the manufacturer's recommendation? ☐ Yes ☐ No
- Are safety rules and procedures posted and visible to all participants? ☐ Yes ☐ No

#### **Billiards:**

Annual sales: \$ \_\_\_\_\_

What is the number of billiard/pool tables? \_\_\_\_\_

#### **Bowling Alley:**

Annual sales: \$ \_\_\_\_\_

- Is the bowling alley closed during lane refinishing? ☐ Yes ☐ No
- Is all flammable material used to refinish lanes stored in fireproof enclosures? ☐ Yes ☐ No

#### **Climbing Nets and Tunnels (rope walks, rope courses, trapeze swings are prohibited) at fixed location:**

Annual sales: \$ \_\_\_\_\_

- Is a system in place to confirm all children are matched with adult they entered facility with and verified before exiting facility? ☐ Yes ☐ No
- Is all equipment at a maximum height of 25 feet (or 20 feet for inflatable equipment)? ☐ Yes ☐ No
- Are manufacturer's guidelines strictly enforced regarding maximum occupancy, weight limit, anchoring, etc.? ☐ Yes ☐ No
- Does responsible adult supervision stay on premises with all children in attendance? ☐ Yes ☐ No
- Are safety rules and procedures posted and visible to all participants? ☐ Yes ☐ No
- Are staff members on premises during all hours of operation? ☐ Yes ☐ No
- Is equipment inspected, with inspection logs kept, according to the manufacturer's recommendation? ☐ Yes ☐ No
- Are background checks performed on all employees? ☐ Yes ☐ No
- Are employees properly trained in safety procedures? ☐ Yes ☐ No
- Are inflatables indoors only at designated premises? ☐ Yes ☐ No
- Is there netting or barriers around perimeter of inflatable? ☐ Yes ☐ No

#### **Coin/Token Operated Kiddie Rides At Fixed Location:**

Number of rides: \_\_\_\_\_

- Do bases of ride remain fixed and stationary at all times? ☐ Yes ☐ No
- Do any rides accommodate more than four riders at one time? ☐ Yes ☐ No
- Are all rides inspected with written maintenance logs kept? ☐ Yes ☐ No
- Are all rides manufactured by others (no applicant manufactured equipment)? ☐ Yes ☐ No

#### **Go-Karts with attendant at fixed track location:**

Annual sales: \$ \_\_\_\_\_

- What is the number of go-karts? \_\_\_\_\_
- Are speed governors used on all go-karts set with a maximum speed of 20 mph? ☐ Yes ☐ No
- Is there a remote emergency shut-off switch/control on all go-karts? ☐ Yes ☐ No
- Are all go-karts manufactured by others with no removal or modification of safety equipment (No homemade equipment)? ☐ Yes ☐ No
- Are all go-karts equipped with seat belts, roll bars, headrest support and bumper guards? ☐ Yes ☐ No
- Are any go-karts older than 10 years? ☐ Yes ☐ No
- Are all tracks paved and a single circle, oval or loop with no intersections? ☐ Yes ☐ No
- Are go-karts permitted to be used only on the go-kart track? ☐ Yes ☐ No
- Is there a minimum eight-inch high guardrail permanently installed around the entire track? ☐ Yes ☐ No
- Are all go-karts inspected and maintained, with written logs kept, according to the manufacturer's recommendation? ☐ Yes ☐ No
- Are safety rules and procedures posted and visible to all participants? ☐ Yes ☐ No
- Are employees trained on safety procedures and go-kart and track maintenance, with training records kept? ☐ Yes ☐ No
- Is double riding in the same seat strictly prohibited? ☐ Yes ☐ No

- Is a minimum rider height of 54" strictly enforced for go-kart drivers? ☐ Yes ☐ No
- Are double go-karts required to be driven by an adult (18 years or older) with passenger minimum height of 3 feet? ☐ Yes ☐ No
- If an indoor track, is adequate ventilation provided and verified by a qualified engineer? ☐ Yes ☐ No
- Is smoking prohibited in go-kart area? ☐ Yes ☐ No

#### Laser Tag:

Annual sales: \$ \_\_\_\_\_

- Do all participants sign a release of liability acknowledging that they play at their own risk and are aware there is a risk of injury? ☐ Yes ☐ No
- Are all laser tag operations held indoors and only at the listed location? ☐ Yes ☐ No
- Are all playing areas flat with no stairs, ramps or multiple layers? ☐ Yes ☐ No
- Is the laser tag area no more than 12,000 square feet? ☐ Yes ☐ No
- Is all laser tag equipment manufactured by others (No homemade equipment)? ☐ Yes ☐ No
- Are participants required to be at least 7 years old? ☐ Yes ☐ No
- Are safety rules and procedures posted and visible to all participants? ☐ Yes ☐ No
- Are staff members on premises during all hours of operation? ☐ Yes ☐ No

#### Miniature Golf:

Annual sales: \$ \_\_\_\_\_

- Number of holes? \_\_\_\_\_
- Are the premises inspected daily and maintenance logs kept? ☐ Yes ☐ No
- If water hazards present, are ground fault interrupters present in all outlets near water? ☐ Yes ☐ No
- How many months per year is the facility open? \_\_\_\_\_

#### Moon Bounces, Balloon Typhoon and Inflatable Playgrounds with attendant at fixed location:

Annual sales: \$ \_\_\_\_\_

- Are safety rules and procedures posted and visible to all participants? ☐ Yes ☐ No
- Are staff members on premises during all hours of operation? ☐ Yes ☐ No
- Are manufacturer's guidelines strictly enforced regarding maximum occupancy, weight limit, anchoring, etc.? ☐ Yes ☐ No
- Are inflatables inspected and maintained at least once per week with written inspection/maintenance logs kept? ☐ Yes ☐ No
- Are any inflatable climbing walls on premises? ☐ Yes ☐ No
- Are any of the following activities present: bouncy boxing, sumo wrestling suits, jousting, off with your head or other contact activities, human bowling ball, human darts, human slingshots, human spheres and similar activities, Velcro wall, a.k.a. the fly trap or sticky wall? ☐ Yes ☐ No
- If any inflatable slides, is the height no more than 20 feet above ground? ☐ Yes ☐ No
- Are inflatables used indoors only at designated premises? ☐ Yes ☐ No
- Is there netting or barriers around the perimeter of inflatables? ☐ Yes ☐ No
- Is there any gymnastics instruction? ☐ Yes ☐ No
- Is smoking allowed within 50 feet of electrical equipment used to power inflatable? ☐ Yes ☐ No
- Are background checks performed on all employees? ☐ Yes ☐ No
- Are employees trained in safety procedures and equipment usage and maintenance with records kept? ☐ Yes ☐ No

#### Movie Theater:

Annual sales: \$ \_\_\_\_\_ and Annual Admissions: \_\_\_\_\_

- What type of theater is this?: ☐ First run ☐ Second run ☐ Adult
- Is any theater larger than 12,000 square feet? ☐ Yes ☐ No
- Does the theater have no more than six screens? ☐ Yes ☐ No
- Is the theater rented for concerts? ☐ Yes ☐ No
- Does the number of lighted exits signs conform to local and state fire codes? ☐ Yes ☐ No
- Are all steps and ramps in the theaters equipped with lighting? ☐ Yes ☐ No
- Are premises inspected and maintenance logs kept? ☐ Yes ☐ No
- Does the theater have a balcony with public access? ☐ Yes ☐ No

#### Sport Courts:

Annual sales: \$ \_\_\_\_\_

Number and type of each court: \_\_\_\_\_

- Are courts used only for organized or pre-scheduled games (not pick up games)? ☐ Yes ☐ No

#### Theater – Dinner or For Profit, Other than Dinner:

Annual sales: \$ \_\_\_\_\_ and Annual Admissions: \_\_\_\_\_

- Are certificates of insurance required from all subcontractors naming the applicant as additional insured? ☐ Yes ☐ No
- Are any pyrotechnic devices used? ☐ Yes ☐ No
- Does the theater have more than 500 seats? ☐ Yes ☐ No
- Is the theater more than 12,000 square feet in area? ☐ Yes ☐ No
- Is the theater on a vessel, pier, dock or wharf? ☐ Yes ☐ No
- Does any performance contain aerial acts over the crowd? ☐ Yes ☐ No
- Is there any on stage audience participation in the show? ☐ Yes ☐ No
- If theater is seasonal is it locked and secured during off season? ☐ Yes ☐ No
- Does the number of lighted exits signs conforms to local and state fire codes? ☐ Yes ☐ No

Are all steps and ramps in the theaters equipped with lighting?

☐ Yes ☐ No

**Traveling Theater Companies:**

Annual Payroll: \$ \_\_\_\_\_

Are certificates of insurance required from all subcontractors naming the applicant as additional insured?

☐ Yes ☐ No

Do annual receipts exceed \$1,000,000?

☐ Yes ☐ No

Are any pyrotechnic devices used?

☐ Yes ☐ No

Are there any performances at a site with greater than 1,500 seats?

☐ Yes ☐ No

Do any performances end after midnight?

☐ Yes ☐ No

Is there any audience participation in the show?

☐ Yes ☐ No

**Video Arcade:**

Annual sales: \$ \_\_\_\_\_

Is there an attendant on duty whenever arcade is open for business?

☐ Yes ☐ No

Are there any games or machines that impart an electronic shock?

☐ Yes ☐ No

Are there any amusement rides other than video game rides or coin/token operated Kiddie Rides with a maximum occupancy of four children?

☐ Yes ☐ No

Do any games involve person to person contact?

☐ Yes ☐ No

Are there any gaming or casino operations on premises?

(Gaming see separate classification questions, casino decline)

☐ Yes ☐ No

Are all games maintained according to manufacturer's guidelines and written maintenance logs kept?

**Virtual Reality Machines with attendant at fixed location:**

Annual sales: \$ \_\_\_\_\_

Are there any games involving person to person contact?

☐ Yes ☐ No

Are games where participant is suspended above the ground?

☐ Yes ☐ No

Are all games maintained according to manufacturer's guidelines and written maintenance logs kept?

☐ Yes ☐ No

Are safety rules and procedures are posted and visible to all participants?

☐ Yes ☐ No

Are there any games that impart an electronic shock to user?

☐ Yes ☐ No

Is there a staff member on premises during all hours of operation?

☐ Yes ☐ No

**Entertainer:**

Please describe the type of entertainer: \_\_\_\_\_

Does applicant use animals other than dogs, birds or rabbits?

☐ Yes ☐ No

Does applicant's act include any mechanical ride or any amusement device for audience participation like moon bounce or rock walls?

☐ Yes ☐ No

Is applicant a musical act or band that performs at bars, nightclubs, arenas, stadiums or theaters (wedding, private parties, fairs, festivals, performers or similar event performers are eligible)?

☐ Yes ☐ No

Does applicant perform at venues with greater than 1,500 seats?

☐ Yes ☐ No

Is applicant a booking agents, show promoter or event planner?

☐ Yes ☐ No

Is the applicant's annual revenue more than \$150,000?

☐ Yes ☐ No

Does entertainer have more than 10 people in the group?

(If more than 10, see Traveling Theater Companies)

☐ Yes ☐ No

Is the applicant a Rap, Hip-Hop or Heavy Metal Act?

☐ Yes ☐ No

**Restaurant/Bar Information**

Are there tables?

☐ Yes ☐ No

If yes, is there table service?

☐ Yes ☐ No

Is there a dance floor?

☐ Yes ☐ No

Is there live entertainment (DJ's, bands, etc.)?

☐ Yes ☐ No

If yes, how many times per week? \_\_\_\_\_

Does the applicant hire or utilize bouncers?

☐ Yes ☐ No

What is the latest hour of operation? \_\_\_\_\_

Is alcohol served after midnight?

☐ Yes ☐ No

In the past three years, have there been any previous claims involving assault and/or battery?

☐ Yes ☐ No

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

| Name | Relationship/Interest | Address | City, State, Zip | AI                       | LP                       | M                        |
|------|-----------------------|---------|------------------|--------------------------|--------------------------|--------------------------|
|      |                       |         |                  | <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"/> |

If you desire a Liquor Liability Quote, please complete Section IV Eligibility Criteria, Liquor Liability section of this application.

## II. LOSS INFORMATION FOR THE PAST THREE YEARS

|                     |             |   |             |
|---------------------|-------------|---|-------------|
| Property Coverages  |             | <input type="checkbox"/> None, or provide detail below. |             |
| Year                | Status      | Incurred  | Description |
| _____               | Open/Closed | \$ _____  | _____       |
| _____               | Open/Closed | \$ _____  | _____       |
| _____               | Open/Closed | \$ _____  | _____       |
| Liability Coverages |             | <input type="checkbox"/> None, or provide detail below. |             |
| Year                | Status      | Incurred  | Description |
| _____               | Open/Closed | \$ _____  | _____       |
| _____               | Open/Closed | \$ _____  | _____       |
| _____               | Open/Closed | \$ _____  | _____       |

## III. ADDITIONAL PROPERTY INFORMATION

If you own the building and it is older than 10 years old, please complete the following:

Age of roof \_\_\_\_\_ years  
 Roof type: ☐ Flat ☐ Wood shake ☐ Shingle ☐ Metal ☐ Tile ☐ Slate ☐ Other \_\_\_\_\_  
 Plumbing type: ☐ PVC ☐ Copper ☐ Lead ☐ Galvanized ☐ Other \_\_\_\_\_  
 What type of burglar alarm is on the premises? ☐ Central station ☐ Local ☐ None

## IV. ELIGIBILITY CRITERIA

1. No bankruptcies, tax or credit liens against the applicant in the last five years? ☐ True ☐ False
  2. No tax liens or back taxes owed on the property? ☐ True ☐ False
  3. Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri) ☐ True ☐ False
- If False, advise reason \_\_\_\_\_

### Property

1. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers ☐ N/A ☐ True ☐ False
2. For any building built prior to 1978, there is no aluminum wiring or knob and tube wiring ☐ N/A ☐ True ☐ False
3. Functioning and operational fire extinguishers available ☐ True ☐ False
4. Functioning and operational smoke and/or heat detectors in all units and/or occupancies ☐ True ☐ False

### General Liability

1. Applicant has not, is not and will not act as a Franchisor (Grantor of a Franchise) ☐ True ☐ False
2. All public areas are equipped with functioning and operational smoke/heat detectors ☐ True ☐ False
3. All alcohol served within the legally allowable time frames ☐ True ☐ False
4. Applicant is the only occupancy in the building or all deep fat frying appliances have automatic extinguishing systems and are all NFPA 96 compliant ☐ True ☐ False
5. Every floor with public access has at least two means of egress (exits) ☐ True ☐ False
6. No exposure to mechanical bull ☐ True ☐ False
7. Not situated on a vessel ☐ True ☐ False
8. Are patrons under 21 years of age permitted in the bar area after 11:00 p.m? ☐ Yes ☐ No
9. Any security, off-duty police, firearms or weapons on the premises? ☐ Yes ☐ No
10. Is there any rental of amusement equipment or attractions for use off premises? ☐ Yes ☐ No

### Liquor Liability

1. How long has current owner been operating at this location? \_\_\_\_\_
  2. Limits desired: Each common cause limit: \_\_\_\_\_ Aggregate limit: \_\_\_\_\_
  3. Is applicant requesting liquor liability limits greater than general liability limits carried? ☐ Yes\* ☐ No
- \*As a condition of coverage general liability limits must be maintained at limits equal to or greater than liquor liability limits.
4. What is the latest hour the establishment will ever stay open? \_\_\_\_\_ ☐ a.m. ☐ p.m. ☐ 24 hours
  - a. What time does the sale or service of alcohol cease? \_\_\_\_\_ ☐ a.m. ☐ p.m. ☐ 24 hours
  5. Gross annual receipts: If applicant has more than one operation or sells alcoholic beverages for on and off premises consumption at same location, provide breakdown of receipts by operation:

|                  | Bar/Lounge | Restaurant | Banquet  | Retail Sales | Other    |
|------------------|------------|------------|----------|--------------|----------|
| FOOD             | \$ _____   | \$ _____   | \$ _____ | \$ _____     | \$ _____ |
| ALCOHOL          | \$ _____   | \$ _____   | \$ _____ | \$ _____     | \$ _____ |
| OTHER (describe) | \$ _____   | \$ _____   | \$ _____ | \$ _____     | \$ _____ |

6. Does applicant have a valid liquor license? ☐ Yes ☐ No
7. Has the applicant or any principal with a controlling interest in the applicant filed for bankruptcy in the last 12 months? ☐ Yes ☐ No
8. Are employees or other persons permitted to consume alcohol during their hours of employment or service? ☐ Yes ☐ No
9. Are all alcohol-servers certified in a Formal Alcohol Training Course not mandated by the state? ☐ Yes\* ☐ No

\*If "Yes," provide name of the course: \_\_\_\_\_

To be considered for a credit on your quote, please attach copies of the certificates to this application.

Note: The course must be one approved by company.

10. Violations: Does the applicant have knowledge of any fines or citations for violation of law or ordinance related to illegal activities or the sale of alcohol at this location within the past five years? ☐ Yes\* ☐ No  
 \*If "Yes," provide the following information on each fine or citation:  
 Date(s): \_\_\_\_\_  
 Description(s): \_\_\_\_\_  
 Measures in place to prevent future violations: \_\_\_\_\_
11. Claims: Has the applicant had any reported liquor liability and/or assault and battery claims or notification of potential liquor liability and/or assault and battery claims within the past five years? ☐ Yes\* ☐ No  
 \*If "Yes," provide the following information on each claim: \_\_\_\_\_  
 Date(s): \_\_\_\_\_ Description(s): \_\_\_\_\_  
 Total incurred losses (reserves and payments): \_\_\_\_\_  
 Status(open or closed): \_\_\_\_\_  
 Measures in place to prevent future incidents: \_\_\_\_\_
12. Are facilities available for banquets, receptions or private affairs? ☐ Yes ☐ No  
 a. Number of: \_\_\_\_\_ times per week  
 OR \_\_\_\_\_ times per year  
 b. Are only the applicant and its authorized employees or members permitted to serve alcohol at all events where alcohol is present?\* ☐ Yes ☐ No\*  
 \*If "No," are persons serving alcohol who are not applicant's authorized employees or members required to carry liquor liability insurance with limits greater than or equal to limits covered under applicant's liquor policy? ☐ Yes ☐ No
13. Is banquet entertainment provided by applicant or lessees? ☐ Yes ☐ No  
 a. Number of: \_\_\_\_\_ times per week  
 OR \_\_\_\_\_ times per year
- STATE SECTION – Please complete the applicable section below based on the state where operations are located.  
 DE, KS, MD, SD and VA: Please proceed to Section V  
 ALL OTHER STATES:
14. Does the establishment attract a predominantly youthful or college crowd ranging from 21-25 years of age? ☐ Yes ☐ No
15. Does or will applicant ever offer (include special events such as New Year's Eve parties, etc.):  
 a. Drink specials/happy hours? ☐ Yes ☐ No  
 b. Drink specials/happy hours after 9 p.m.? ☐ Yes ☐ No After 11 p.m.? ☐ Yes ☐ No  
 c. More than two complimentary drinks per patron per day? ☐ Yes ☐ No  
 d. "All you can drink" specials or other offers involving unlimited alcoholic beverages? ☐ Yes ☐ No  
 e. Beer for less than \$1? ☐ Yes ☐ No  
 f. Liquor or wine for less than \$1.50? ☐ Yes ☐ No
16. a. Are patrons under the legal drinking age permitted on the premises? ☐ Yes ☐ No  
 b. Are patrons under the legal drinking age permitted on the premises after 11 p.m.? ☐ Yes ☐ No
17. Minnesota risks only:  
 a. Does applicant have a special license to stay open past 1 a.m.? ☐ Yes ☐ No  
 b. If a private, fraternal or social club, does liquor license restrict service to members only? ☐ Yes ☐ No
18. Ohio, Pennsylvania and Texas risks only:  
 a. Does the establishment have and utilize an identification scanner device to verify age of patron? ☐ Yes ☐ No
19. List expiring liquor liability carrier, term, limits and premium:

| Carrier | Policy Term | Limits | Premium |
|---------|-------------|--------|---------|
|         |             |        |         |

V. ADDITIONAL APPLICANT INFORMATION

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

What year did the business start? \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_ (if different than the location address above)

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

Email address of primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ Telephone/E-mail address: \_\_\_\_\_

Audit contact name: \_\_\_\_\_ Telephone/E-mail address: \_\_\_\_\_



**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.

**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.

**District of Columbia Fraud Statement: 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.

**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.

**Florida 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 Fraud Statement:** 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 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.

**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 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 may be guilty of a crime and may be subject to fines and confinement in prison.

**Kentucky Fraud Statement:** Any person who knowingly and with 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.

**Maine 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 may include imprisonment, fines or a denial of insurance benefits.

**Minnesota Notice:** Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**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.

**New York Disclosure Notice:** This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged Wrongful Acts or Wrongful Employment Acts that took place prior to retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect for incidents reported during the Policy Period or any subsequent renewal of this Policy or any extended reporting period and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

**North Dakota Fraud Statement:** Notice to North Dakota applicants – Any person who knowingly and with the intent to defraud and 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.

**Ohio Fraud Statement:** 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.

**Ohio Notice:** 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. I understand that any material misrepresentation or omission made by me on this application may act to render any contract of insurance null and without effect or provide the company the right to rescind it.

**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.

**Pennsylvania 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 and Virginia 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.

**Utah 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.

**Vermont Fraud Statement:** 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 subject to fines and confinement in prison.

**Virginia Notice:** This Policy is written on a claims-made basis. Please read the policy carefully to understand your coverage. You have an option to purchase a separate limit of liability for the extended reporting period. If you do not elect this option, the limit of liability for the extended reporting period shall be part of the and not in addition to limit specified in the declarations. If you have any questions regarding the cost of an extended reporting period, please contact your insurance company or your insurance agent. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Virginia Fraud Statement:** Any person who knowingly and with intent to defraud an insurer, submits an Application for insurance or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Utah Fraud Statement:** 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.

**Washington Fraud Statement:** Any person, who, knowing it to be such:

- (1) Presents, or causes to be presented, a false or fraudulent claim or any proof in support of such a claim, for the payment of a Loss under a contract of insurance; or
- (2) Prepares, makes, or subscribes any false or fraudulent account, certificate, affidavit, or proof of Loss, or other document or writing, with intent that it be presented or used in support of such a claim, is guilty of a gross misdemeanor, or if such claim is in excess of one thousand five hundred dollars, of a class C felony.

**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 is guilty of a crime and may be subject to fines and confinement in prison.

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: \_\_\_\_\_

hhThe undersigned represents that to the best of his/her knowledge and belief the particulars and statements set forth herein are true and agrees that those particulars and statements are material to acceptance of the risk assumed by the Company. The undersigned further declares that any changes to the information contained in this application prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Company is hereby authorized, but not required to make any investigation and inquiry in connection with the information, statements and disclosures provided in this application. The decision of the Company not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Company and shall not stop the Company from relying on any statement in this application. The signing of this application does not bind



the undersigned to purchase the insurance, nor does the review of this application bind the Company to issue a policy. It is understood the Company is relying on this application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

**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.

Signature: \_\_\_\_\_  
(Chairperson of the Board, Managing Member, President or Executive Director)

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