

BUSINESS INSURANCE APPLICATION

1. Business Name: _____
2. Business Type: Sole Proprietor Partnership Corporation LLC Other: _____
3. Mailing Address: _____
City: _____ State: _____ Zip: _____
4. Business Phone: _____ 5. FEIN Number: _____
6. Web Address: _____ 7. Year Business Started: _____
8. Principal(s) Name(s):
 - A. Name: _____ Title: _____ (Primary contact)
Email Address: _____ Phone Number: _____
 - B. Name: _____ Title: _____
Email Address: _____ Phone Number: _____
9. Have you had prior insurance coverage for your business? Yes No
If yes: When and what company was it written with? _____
10. How many employees do you have? (count MUST include part time, full time, and independent contractors) _____
11. What is your total Gross Payroll? _____ 12. What are your last year's Gross Sales? _____
13. Do you have a brick and mortar retail store? Yes No
If yes: Do you rent spaces to other dealers? Yes No
If yes: How many total floor & showcase dealers are in your mall, including yourself? _____
What is the approximate total amount of square footage you rent out to dealers? _____
Do you have a dealer booth in your own mall? Yes No
14. Do you conduct auctions? Yes No
If yes: Approximately how many do you conduct annually? _____
Do you auction anything other than antiques, collectibles & household furnishings? Yes No
If yes, describe: _____
15. Do you conduct estate sales? Yes No
If yes: Approximately how many do you conduct annually? _____
16. Do you rent mall or co-op spaces to sell your merchandise? Yes No
If yes: How many different locations are you in? _____
17. Do you set up to sell your merchandise at shows? Yes No
If yes: How many shows annually? _____
Approximately how much value in inventory (at cost) is taken to each show? _____
18. Do you sell merchandise online? Yes No
If yes: List where you sell online and the name(s) you sell under: _____
19. Do you own/operate any types of food service at any of your locations? Yes No
If yes: What kitchen equipment is used to prepare the food? _____

20. Do you perform repair or restoration services for hire? Yes No
 If yes: What percent of your income does it account for? _____
21. Do you own/operate any other revenue generating business types? Yes No
 If yes: Describe: _____
22. Do you rent/lease out space at your location to another party for any of the following?
 Food Service: Yes No If yes: How many and describe: _____
 Retail Store: Yes No If yes: How many and describe: _____
 Office: Yes No If yes: How many and describe: _____
 Apartment: Yes No If yes: How many and describe: _____
 Storage: Yes No If yes: How many and describe: _____
 Other: Yes No If yes: How many and describe: _____
23. Do you keep records on your inventory, inventory consigned to you, or inventory in your care? Yes No
 If yes: Are these records computerized? Yes No
24. Do you photograph your inventory? Yes No
25. List your inventory percentages by class:
 Antiques: _____% Collectibles: _____% Jewelry: _____% Coins: _____% Guns: _____%
 Pottery/Ceramics/Glass: _____% New Merchandise: _____% Rugs: _____% Stamps: _____%
 (Other): _____: _____% (Other): _____: _____%
26. Describe your merchandise: _____

27. Do you store any of your inventory below ground floor level or in a basement/cellar? Yes No
28. Do you store any of your inventory outdoors? Yes No
 If yes: please describe where stored and security provided: _____

29. Maximum value of any one item (Consigned value or your cost): \$ _____
30. What is the total value of all your inventory at selling price? \$ _____
31. What is the total value of all your inventory at your cost? \$ _____
32. What is the total value of all your furniture, fixtures & equipment used to run your business at your cost? \$ _____

Location(s): *(This section MUST be completed for each location you operate out of, even if you are only applying for liability coverage)*
(Please download and complete the Additional Locations Application if you have any additional locations needing to be covered)

33. Location #1: (Primary Location)

- A. Location Name: _____
- B. Physical Address: _____
 City: _____ County: _____ State: _____ Zip: _____
- C. Is this location within City Limits? Yes No
- D. Location Type (example: Shop, Mall, Home, Storage, Warehouse, Etc...): _____
- E. Premises Construction: Frame Masonry with wood joist Steel
- F. Approximate square footage you occupy at this location? _____
- G. Number of stories at this location? _____
- H. Year Constructed: _____
- I. Year updated last: Wiring: _____ Roof: _____ Plumbing: _____ Heating: _____

- J. How many fire extinguishers are located on premises? _____
- K. How close is the nearest fire department? Within 5 miles Over 5 miles
- L. How close is the nearest fire hydrant? Within 1000 feet Over 1000 feet
- M. Does the premises have a working fire alarm? Yes No
If yes: Is it central station monitored? Yes No
- N. Does the premises have a working sprinkler system? Yes No
- O. Does the premises have a working burglar alarm? Yes No
If yes: Is it central station monitored? Yes No
- P. Does the premises have any other types of Security? Yes No
If yes: please describe other securities: _____
- Q. Are all rises and falls of elevations and steps on this premises clearly marked? Yes No
- R. What is the value (at cost) of the inventory at this location? _____

Location #2:

- A. Location Name: _____
- B. Physical Address: _____
City: _____ County: _____ State: _____ Zip: _____
- C. Is this location within City Limits? Yes No
- D. Location Type (example: Shop, Mall, Home, Storage, Warehouse, Etc...): _____
- E. Premises Construction: Frame Masonry with wood joist Steel
- F. Approximate square footage you occupy at this location? _____
- G. Number of stories at this location? _____
- H. Year Constructed: _____
- I. Year updated last: Wiring: _____ Roof: _____ Plumbing: _____ Heating: _____
- J. How many fire extinguishers are located on premises? _____
- K. How close is the nearest fire department? Within 5 miles Over 5 miles
- L. How close is the nearest fire hydrant? Within 1000 feet Over 1000 feet
- M. Does the premises have a working fire alarm? Yes No
If yes: Is it central station monitored? Yes No
- N. Does the premises have a working sprinkler system? Yes No
- O. Does the premises have a working burglar alarm? Yes No
If yes: Is it central station monitored? Yes No
- P. Does the premises have any other types of Security? Yes No
If yes: please describe other securities: _____
- Q. Are all rises and falls of elevations and steps on this premises clearly marked? Yes No
- R. What is the value (at cost) of the inventory at this location? _____

Location #3:

- A. Location Name: _____
- B. Physical Address: _____
City: _____ County: _____ State: _____ Zip: _____
- C. Is this location within City Limits? Yes No

- D. Location Type (example: Shop, Mall, Home, Storage, Warehouse, Etc...): _____
- E. Premises Construction: Frame Masonry with wood joist Steel
- F. Approximate square footage you occupy at this location? _____
- G. Number of stories at this location? _____
- H. Year Constructed: _____
- I. Year updated last: Wiring: _____ Roof: _____ Plumbing: _____ Heating: _____
- J. How many fire extinguishers are located on premises? _____
- K. How close is the nearest fire department? Within 5 miles Over 5 miles
- L. How close is the nearest fire hydrant? Within 1000 feet Over 1000 feet
- M. Does the premises have a working fire alarm? Yes No
If yes: Is it central station monitored? Yes No
- N. Does the premises have a working sprinkler system? Yes No
- O. Does the premises have a working burglar alarm? Yes No
If yes: Is it central station monitored? Yes No
- P. Does the premises have any other types of Security? Yes No
If yes: please describe other securities: _____
- Q. Are all rises and falls of elevations and steps on this premises clearly marked? Yes No
- R. What is the value (at cost) of the inventory at this location? _____

Coverage Being Requested:

34. Do you wish to obtain/renew liability coverage? Yes No
If yes: you must complete the following:
- A. Indicate the Locations you wish to have liability coverage at by indicating below.
Location #1: Yes No Location #2: Yes No Location #3: Yes No
- B. Would you like to increase the General Aggregate limit to \$2,000,000? Yes No
- C. Do you need to add an Additional Insured onto the policy (i.e. landlord)? Yes No
If yes: Name: _____
Address: _____
If yes: Are you required to add a Waiver of Subrogation in favor of the Additional Insured? Yes No
- D. If you rent space to dealers, would you like to add them as Additional Insured's on a blanket basis? Yes No
35. Do you wish to obtain/renew business personal property (inventory) coverage? Yes No
If yes: you must complete the following:
- A. What is the total amount of coverage being requested? _____
- B. Would you like to add Loss of Income coverage onto the policy? Yes No
If yes: what is the total amount of coverage being requested? _____
- C. Would you like to add Outdoor Sign coverage onto the policy? Yes No
If yes: what is the total amount of coverage being requested? _____
- D. Would you like to add Exterior Building Glass coverage onto the policy? Yes No
If yes: you must provide a glass schedule which includes description and exact sizes (in inches)
- E. Would you like to increase the Maximum Per Item Limit on the policy to \$10,000? Yes No
- F. Do you need to add a Loss Payee onto the policy? Yes No
If yes: Name & Address: _____

36. Do you wish to obtain/renew building coverage? Yes No

If yes: you must complete the following and submit a picture of the building along with your application

Amount of Insurance Desired: \$ _____ Deductible Desired (\$1,000 minimum): \$ _____

Is there a Mortgagee on the building? Yes No

If yes: Name: _____

Address: _____

Attention: _____ Loan #: _____

37. Have you or any business principal filed for bankruptcy within the last 7 years? Yes No

If yes: you must complete the following:

DATE	AMOUNT	DESCRIPTION

38. Have you or any business principal ever been convicted of a felony? Yes No

If yes: you must complete the following:

DATE	DESCRIPTION

39. Has any company cancelled, non-renewed, or refused insurance coverage for your business? Yes No

If yes: you must complete the following:

DATE	DESCRIPTION

40. Have you or any business principal filed any business insurance claims within the last 5 years? Yes No

If yes: you must complete the following:

DATE	AMOUNT	DESCRIPTION OF LOSS

41. How did you hear about us? _____

42. How would you like your quote and any potential policy documents sent to you? Mail Email

Date: _____ Signature: _____

Warranty:

I agree the answers given on this application are true and accurate and that this application does **NOT** constitute a binder. **All questions MUST be answered before the application is accepted, reviewed, and any potential quote is provided.** If accepted, coverage will be effective the day after approved by the Underwriter or later requested date. The above signed represents and warrants that he/she is an authorized representative of the Applicant, and further represents and warrants that reasonable inquiry has been made to obtain the answers to the questions on this application. He/she further represents and warrants that the answers given above are true, correct, and complete to the best of applicant's knowledge. He/she further understands the application becomes a part of policy and the insurer has relied upon the answers given above in extending the quote, and, if applicable, issuing the policy of insurance. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued. Lastly, by my signing above, I agree to this Warranty and the applicable Fraud Statement(s) below.

Fraud Statement:

Applicable in all states, except for the respective state's statement below:

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, 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/or imprisonment.

Arizona:

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas:

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.

California:

For your protection California law requires the following to appear on this form, any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado:

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 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:

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:

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.

Louisiana:

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.

Maine:

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.

Maryland:

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.

New Jersey:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico:

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 civil fines and criminal penalties.

New York:

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.

Oklahoma:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania:

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.

Rhode Island:

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.

Tennessee:

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.

Texas:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia:

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.

West Virginia:

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.