



CARRIER:

Empty box for carrier information

# Bar / Restaurant Product Application

APPLICANT MAY QUALIFY FOR AN INSTANT QUOTE BY COMPLETING SECTION I BELOW. INSTANT QUOTE IS ONLY AVAILABLE FOR ACCOUNTS WITH NO LOSSES IN THE PAST FIVE YEARS.

Coverage(s) Desired:  Property  General Liability  Liquor Liability

## I. INSTANT QUOTE INFORMATION

Applicant's name (include DBA name): \_\_\_\_\_

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

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

Web address: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Audit contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

### Description of Operations:

Empty box for description of operations

- How many locations are to be insured? \_\_\_\_\_ (complete one application per location)
- What year did business start at this location under the current ownership and management? \_\_\_\_\_
- How many years experience does the current ownership have in owning or managing this type of operation? \_\_\_\_\_
- Have there been any losses/claims, liquor citations, violations, charges or enforcement actions at this location in the past five years?  Yes  No  
If "Yes," please complete Section III

### General Liability

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

- Add stop gap coverage (ND, OH, WA, WY)?  Yes  No  
If "Yes," what is the total annual payroll? \_\_\_\_\_
- Add hired and non-owned auto liability?  Yes  No
  - Are employees or volunteers required to use their personal automobile to conduct the applicants business on a regular basis?  Yes  No
  - Are vehicles used to transport people or deliver goods or products on a regular basis?  Yes  No
  - Is there a commercial auto insurance policy in force?  Yes  No

### Liquor Liability

Limit:  \$50,000/\$100,000  \$100,000/\$200,000  \$300,000/\$600,000  \$500,000/\$500,000  
 \$500,000/\$1,000,000  \$1,000,000/\$1,000,000  \$1,000,000/\$2,000,000

### Annual Receipts:

Food Sales	Alcohol Sales-On Premises Consumption	Retail Alcohol Sales	Wholesale Alcohol Sales	Other Receipts (Describe)
\$	\$	\$	\$	\$

- Does the establishment feature any of the below entertainment?  Yes  No  
If "Yes," check all the following that apply:
 

<input type="checkbox"/> Adult entertainment/Exotic dancing	Number of times per week _____ or per year _____
<input type="checkbox"/> Band (three or more members, excluding jazz bands)	Number of times per week _____ or per year _____
<input type="checkbox"/> Banquet entertainment by the organization or lessee	Number of times per week _____ or per year _____
<input type="checkbox"/> Dance club/hall	Number of times per week _____ or per year _____
<input type="checkbox"/> DJ with dancing	Number of times per week _____ or per year _____
- Is dancing permitted?  Yes  No

9. Are there tables?  Yes  No  
 If "Yes," is there table service?  Yes  No
10. Is the establishment located within a food court with no responsibility for the seating area?  Yes  No
11. What is the latest time the establishment will close? \_\_\_\_\_  a.m.  p.m.  24 hours
12. Are bouncers, security or door persons ever employed?  Yes  No
13. Does the establishment permit "BYOB" (bring your own bottle)?  Yes  No
14. Are there any mechanical bulls or riding devices on the premises?  Yes  No
15. Are there any gaming machines on the premises?  Yes  No  
 If "Yes," how many? \_\_\_\_\_
16. Is the applicant the building owner?  Yes  No
17. Is this establishment the sole occupancy of the building?  Yes  No
18. Does the establishment, as the building owner, lease any portion of the building to commercial tenants?  N/A  Yes  No  
 If "Yes," what is the total square footage of commercial space? \_\_\_\_\_ sq. ft.  
 Describe the occupancy \_\_\_\_\_
19. Does the establishment, as the building owner, lease any apartments on the premises?  N/A  Yes  No  
 If "Yes," what is the total number of apartment units? \_\_\_\_\_ What is total square footage of apartment space? \_\_\_\_\_ sq. ft.
20. Are there grills, deep fat frying equipment, or woks on the premises?  Yes  No
- a. If "Yes," what type of extinguishing system is functioning and operational?  Dry  Wet
- b. If "Dry," is there a deep fat fryer on the premises?  Yes  No

**Property Section**

<b>Building Construction</b> <input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Modified Fire Resistive <input type="checkbox"/> Fire Resistive			
What year was the building constructed? _____	Protection Class _____	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Cause of Loss <input type="checkbox"/> Basic <input type="checkbox"/> Special
What is the square footage of the entire structure? _____			
Is the building protected by an operational sprinkler system covering 100 percent of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Building Limit:</b> \$ _____	Coinsurance (80% minimum) _____ %	<input type="checkbox"/> ACV <input type="checkbox"/> RC	
<b>Business Personal Property Limit:</b> \$ _____	Coinsurance (80% minimum) _____ %	<input type="checkbox"/> ACV <input type="checkbox"/> RC	
<b>Business Income Limit:</b> \$ _____	Coinsurance: <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%		
<input type="checkbox"/> With extra expense	or		
<input type="checkbox"/> Without extra expense	Monthly Limit of Indemnity: <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6		

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

<input type="checkbox"/> Add Equipment Breakdown		<input type="checkbox"/> Add Interruption of Computer Operations		<input type="checkbox"/> Add Electronic Data	
<input type="checkbox"/> Add Outdoor Signs \$ _____	<input type="checkbox"/> Add Improvements and Betterments \$ _____	<input type="checkbox"/> Add Valuable Papers \$ _____	<input type="checkbox"/> Add Canopy/Awning \$ _____		
<input type="checkbox"/> Add "Waiver of Transfer of Rights of Recovery Against Others to Us"			<input type="checkbox"/> Add Value Plus Endorsement		<input type="checkbox"/> Add Accounts Receivable
<input type="checkbox"/> Add Glass		Height: _____ ft. x	Number of panes: _____ = _____		
		Width: _____ ft. x			

**II. LOSSES/LIQUOR VIOLATIONS, CITATIONS, CHARGES OR ENFORCEMENT ACTIONS FOR THE PAST 5 YEARS AND ADDITIONAL INTERESTS**

25. Have there been any liquor violations, citations, charges or enforcement actions in the last five years?  Yes  No

Date of Violation	Description of Violation	Measures Taken to Prevent Future Violations

*Please provide additional claims or information on separate sheet*

26. Have there been any losses in the last five years?

Yes  No

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault and Battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault and Battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault and Battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Please provide additional claims or information on separate sheet

**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"/>

**III. ELIGIBILITY CRITERIA**

27. Are there any past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years?  Yes  No
28. Has Insurance coverage been cancelled or non-renewed in the past three years? (not applicable in MO)  Yes  No  
 Advise reason for cancellation: \_\_\_\_\_
29. Does any building built prior to 1978 have aluminum or knob-and-tube wiring?  Yes  No
30. For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers?  Yes  No
31. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?  Yes  No

**Property**

32. Do all grills, deep fat frying equipment and woks have a functioning and operational automatic fire extinguishing system that is compliant with National Fire Protection Association standard 96?  Yes  No
33. Does the automatic fire extinguishing system have an in-force cleaning contract?  Yes  No
34. Are there functioning and operational fire extinguishers according to code?  Yes  No
35. Are pyrotechnics or foam machines on the premises?  Yes  No
36. Is this a seasonal operation?  Yes  No  
 If "Yes,"
- a. Is the location locked and secured during the closed season?  Yes  No
- b. How many months of the year is the business closed? \_\_\_\_\_

**General Liability**

37. Does the establishment serve raw seafood?  Yes  No
38. Does the establishment have a child's play area?  Yes  No
39. Is the applicant responsible for the maintenance of the building, sidewalk, parking area or snow and ice removal?  Yes  No
40. Is there inhalation of oxygen gas from tanks or hookah smoking on the premises?  Yes  No
41. Will/has the establishment act/acted as a franchisor (grantor of a franchise)?  Yes  No
42. Does the public access multiple levels within the establishment?  Yes  No
43. Are there any pyrotechnics, foam machines, mosh pits, trampolines or swimming pools on the premises?  Yes  No
44. Are there at least two means of egress (exits) for every floor with public access?  Yes  No
45. If there is another occupancy in the building, for this establishment, do all grills, deep fat fryers and woks have a functioning and operational automatic fire extinguishing system that is compliant with National Fire Protection Association standard 96?  Yes  No
46. Are any patrons under the legal drinking age permitted on the premises? (only for nightclubs)  Yes  No

## Liquor Liability

47. What time does the sale of alcohol cease? \_\_\_\_\_  a.m.  p.m.  24 hours
48. Is the establishment a non-profit private, fraternal or social club?  Yes  No  
*If "Yes," complete section IV-C*
49. Are all alcohol-serving employees certified in formal alcohol training course not mandated by the state?  Yes  No
50. Does the establishment utilize an identification scanner on all patrons regardless of age?  Yes  No
51. Are drink specials/happy hours offered after 9:00 p.m.?  Yes  No
52. Are drink specials/happy hours offered after 11:00 p.m.?  Yes  No
53. Is there a bar with seating?  Yes  No
54. Does the establishment attract a predominantly youthful clientele ranging from 21–25 years of age?  Yes  No
55. Does the establishment permit "BYOB" (bring your own bottle)?  Yes  No  
*If "Yes," complete section IV-D*
56. Are facilities available for banquets, receptions or private affairs?  Yes  No  
*If "Yes," complete section IV-A*
57. Is alcohol ever sold or served away from the premises?  Yes  No  
*If off-premises coverage is desired, attach a completed Catering Plus Liquor Liability Application, form CP-LLA, to this submission*
58. Is the applicant a retail liquor store, convenience/deli/grocery operation, or micro brewery/brew pub/distillery operation?  Yes  No  
*If "Yes," complete section IV-E or IV-F*
59. What is the lowest beer price offered, including happy hours and specials? \$ \_\_\_\_\_
60. What is the lowest price offered for a glass of wine/liquor including happy hours and specials? \$ \_\_\_\_\_
61. Are General Liability limits equal to or greater than Liquor Liability limits maintained?  Yes  No
62. Have all owners and principals with a controlling interest been financially solvent (i.e. no bankruptcy filings) for the last 12 months?  Yes  No
63. Is a valid liquor license maintained if required by ordinance or law?  Yes  No  
Name on the license: \_\_\_\_\_  
License #: \_\_\_\_\_
64. Are employees or other persons selling or serving alcohol permitted to consume alcohol during their hours of employment or service?  Yes  No
65. Has Liquor Liability coverage been cancelled or non-renewed in the past five years?  Yes  No
66. Is the establishment affiliated with a franchise operation?  Yes  No
67. Are patrons offered more than two complimentary drinks in one day?  Yes  No
68. Are "all you can drink", "bottomless drinks" or open bar specials offered?  Yes  No
69. Are patrons under the legal drinking age permitted on the premises?  Yes  No
70. Are patrons under the legal drinking age permitted on the premises after 11:00 pm?  Yes  No
71. Are whole bottles of liquor sold for bottle service or set ups offered?  Yes  No
72. Are drinking games offered or permitted (e.g. beer pong)?  Yes  No

## IV. COMPLETE APPLICABLE SECTIONS FOR ADDITIONAL OPERATIONS:

### A. RESTAURANTS OR BARS WITH BANQUET OPERATIONS

*Note: If operation is strictly a banquet hall, attach a completed Catering Plus Liquor Liability Application, Form CP-LLA, to this submission*

73. a. If there are banquet operations on the premises, are only the establishment's authorized employees or members permitted to serve alcohol at all events?  Yes  No
- b. If "No" to question "a," are persons who are serving alcohol and are not authorized employees or members of the establishment required to carry their own Liquor Liability insurance with limits equal to or greater than what is provided under the establishment's liquor liability insurance policy?  Yes  No

### B. FINE DINING ESTABLISHMENTS

74. a. Is the average entrée price greater than \$20.00?  Yes  No
- b. Is the average bottle of wine price greater than \$30.00?  Yes  No
- c. Is the number of bottles on the wine list greater than 10?  Yes  No

C. NON-PROFIT PRIVATE, FRATERNAL OR SOCIAL CLUBS

75. a. Are same day memberships available?  Yes  No
- b. Are members permitted to bring more than three guests per day (excluding banquet activities and immediate family members)?  Yes  No
- c. Is self-service of alcohol by members permitted?  Yes  No
- d. Are drink specials or happy hours ever offered?  Yes  No
- e. Are any single drinks sold for less than \$.50?  Yes  No
- f. Is BYOB (Bring your own bottle) permitted?  Yes  No
- If "Yes," is this restricted to private functions only?  Yes  No

D. BRING YOUR OWN BOTTLE (BYOB) RESTAURANTS

76. a. What is the maximum occupancy of the establishment? \_\_\_\_\_
- b. What percentage of patrons brings their own bottle?  Less than 50%  More than 50%
- c. Does the establishment have a wait staff that actively monitors all alcohol consumption, and requests a valid ID from all patrons?  Yes  No
- d. Are patrons permitted to bring hard alcohol on the premises?  Yes  No

E. RETAIL LIQUOR STORE, CONVENIENCE/DELI/GROCERY STORE

77. Is proof of age required before serving alcohol to anyone who appears to be under the age of 35?  Yes  No
78. Are complimentary tastings offered? If "Yes," complete the following:  Yes  No
- a. Is eight ounces the maximum amount of complimentary samples permitted for any one patron per day?  Yes  No
- b. Are persons who are serving alcohol and are not authorized employees or members of the establishment required to carry their own Liquor Liability insurance with limits equal to or greater than what is provided under the establishment's liquor liability insurance policy?  Yes  No
- c. Is self-service of alcohol permitted by patrons?  Yes  No
79. Does the establishment deliver alcoholic beverages to the general public? If "Yes," complete the following:  Yes  No
- a. Is alcohol only delivered to adults who provide proper identification and signature verifying they are of legal age in the state of the establishment's operations?  Yes  No
- b. Does applicant deliver to any of the following states: AK, AL, IL, LA, MN, MS, OR, RI or WV?  Yes  No

F. MICROBREWERY/BREW PUB/DISTILLERY

80. Is self-service of alcohol permitted by patrons?  Yes  No
81. Is employee consumption limited to the tasting of products for quality purposes only?  Yes  No
82. Are complimentary tastings offered? If "Yes," complete the following:  Yes  No
- a. (Micro-breweries): Is twelve ounces the maximum amount of complimentary samples permitted for any one patron per day?  Yes  No
- b. (Distilleries): Is two ounces the maximum amount of complimentary samples permitted for any one patron per day?  Yes  No
- c. Are persons who are serving alcohol and are not authorized employees or members of the establishment required to carry their own Liquor Liability insurance with limits equal to or greater than what is provided under the establishment's liquor liability insurance policy?  Yes  No
83. Are there retail alcohol sales?  Yes  No
- a. Is proof of age required before serving alcohol to anyone who appears to be under the age of 35?  Yes  No
84. Does the establishment deliver alcoholic beverages to the general public? If "Yes," complete the following:  Yes  No
- a. Is alcohol only delivered to adults who provide proper identification and signature verifying they are of legal age in the state of the establishment's operations?  Yes  No
- b. Does applicant deliver to any of the following states: AK, AL, IL, LA, MN, MS, OR, RI or WV?  Yes  No
85. Are there wholesale alcohol sales?  Yes  No
- a. If "Yes," does the applicant have any operations in AK, AL, IL, LA, MN, MS, OR, RI or WV?  Yes  No
86. Are samples sold or served at festivals or any other off-premises events?  Yes  No
- If "Yes," please complete the newest version of the special event application for separate quote consideration.

## FRAUD STATEMENTS

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and 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.

**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.

**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.

**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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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; 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.

**Maine 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

**Maryland Fraud Statement:** 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 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 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.

**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.

**Kentucky, Pennsylvania AND Ohio 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, Virginia 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 include imprisonment, fines and denial of insurance benefits.

**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.

## STATE NOTICES

**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.

**Florida Surplus Lines 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 and Illinois Punitive Damage 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.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**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.

**Ohio Representation Statement:** 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. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages 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.

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: \_\_\_\_\_

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer 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 Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_  
President, Chairperson of the Board, Managing Member, or Executive Director

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