

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 or SSN (if Sole Proprietor): _____
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 Insurance company was it written with? _____
You may be asked to submit loss runs
10. How many employees/owners do you have?
Part Time _____ Full Time _____ Independent Contractors _____ Owners _____
11. What is your total Gross Payroll? _____ (If sole proprietor, payroll is net sales/profit or if new business, estimate annual profit.)
12. What are your last year's Gross Sales? _____ (If new business, please estimate annual 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? Yes No

If yes: Describe: _____

23. List your inventory percentages by class: (By Value, Not Quantity)

| | | | | | |
|---|---------------------------|---|-----------------------|---|--------------------------|
| % | Advertising | % | Ephemera | % | Petrolina |
| % | Autographs | % | Fine Art | % | Political Memorabilia |
| % | Bears/Dolls | % | Fishing/Hunting Items | % | Posters |
| % | Books/Comics | % | Furniture | % | Records |
| % | Bullion | % | Guns (Post 1970) | % | Sports Cards/Memorabilia |
| % | Ceramics/Glass/Pottery | % | Guns (Pre 1970) | % | Stamps |
| % | China | % | Jewelry | % | Textiles |
| % | Clocks | % | Kitchenware | % | Toys |
| % | Coin Operated Machines | % | Knives/Swords | % | Trains |
| % | Coins/Currency/Script | % | Militaria | % | Video/Arcade Games |
| % | Entertainment Memorabilia | % | Musical Instruments | % | Wine |
| % | Other: _____ | % | Other: _____ | % | |

24. Do you store any of your inventory below ground floor level or in a basement/cellar? Yes No

25. Do you store any of your inventory outdoors? Yes No If yes: describe below where stored and security provided:

26. Do you keep records of your inventory, inventory consigned to you, or inventory in your care? Yes No

If yes: Are these records computerized? Yes No

Do you maintain a duplicate inventory off-site? Yes No

27. Do you photograph your inventory? Yes No

28. Do you keep purchase records? Yes No

29. Do you keep sales records? Yes No

30. Maximum value of any one item (Consigned value or 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)

31. 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. How many building structures are at this location? _____

- F. Building Construction: Frame Masonry with Wood Joist Masonry with Steel Joist Steel
 Other: _____
- G. Roof Type: Asphalt Shingles Wood Shingle Tile Metal Built-Up Rubber Membrane
 Other: _____
- H. Approximate square footage you occupy at this location? _____
- I. Number of stories at this location? _____
- J. Year Constructed: _____
- K. Year updated last: Wiring: _____ Roof: _____ Plumbing: _____ Heating: _____
- L. How many working fire extinguishers are located on premises? _____
- M. How close is the nearest fire department? _____
- N. How close is the nearest fire hydrant? Within 1000 feet Over 1000 feet
- O. Does the premises have a working fire and/or smoke detection alarm system? Yes No
 If yes: Is it central station monitored? Yes No
- P. Does the premises have a working sprinkler system? Yes No
- Q. Does the premises have a working security alarm system throughout? Yes No
 If yes: Does it have a loud audible horn, siren, or speaker on the outside of the building(s)? Yes No
 Is it central station monitored? Yes No
- R. Any other types of Security? 24 Hour Guard Deadbolt Bars on Doors & Windows
 Safe/Vault Cameras Fenced, Gated or Access Control Devices
 Other: _____
- S. Is there more than one employee present at all times? Yes No
- T. Is a member of the staff always in a position to view all area's open to the public and the entrance/exit? Yes No
- U. How many staff members have keys to exterior doors? _____
- V. Are all rises and falls of elevations and/or steps at this location clearly marked? Yes No
- W. Is there any history of water back-up from a drain and/or sewer? Yes No
- X. What is the total value of the inventory (property for sale) at selling price at this location? \$ _____
- Y. What is the total value of the inventory (property for sale) at cost at this location? \$ _____
- Z. What is the value (cost) of the furniture, fixtures & equipment used to run your business at this location? \$ _____

32. Location #2: (If required)

- 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. How many building structures are at this location? _____
- F. Building Construction: Frame Masonry with wood joist Masonry with Steel Joist Steel
 Other: _____
- G. Roof Type: Asphalt Shingles Wood Shingle Tile Metal Built-Up Rubber Membrane
 Other: _____
- H. Approximate square footage you occupy at this location? _____
- I. Number of stories at this location? _____
- J. Year Constructed: _____

- K. Year updated last: Wiring: _____ Roof: _____ Plumbing: _____ Heating: _____
- L. How many working fire extinguishers are located on premises? _____
- M. How close is the nearest fire department? _____
- N. How close is the nearest fire hydrant? Within 1000 feet Over 1000 feet
- O. Does the premises have a working fire and/or smoke detection alarm system? Yes No
If yes: Is it central station monitored? Yes No
- P. Does the premises have a working sprinkler system? Yes No
- Q. Does the premises have a working security alarm system throughout? Yes No
If yes: Does it have a loud audible horn, siren, or speaker on the outside of the building(s)? Yes No
Is it central station monitored? Yes No
- R. Any other types of Security? 24 Hour Guard Deadbolt Bars on Doors & Windows
 Safe/Vault Cameras Fenced, Gated or Access Control Devices
 Other: _____
- S. Is there more than one employee present at all times? Yes No
- T. Is a member of the staff always in a position to view all area's open to the public and the entrance/exit? Yes No
- U. How many staff members have keys to exterior doors? _____
- V. Are all rises and falls of elevations and/or steps at this location clearly marked? Yes No
- W. Is there any history of water back-up from a drain and/or sewer? Yes No
- X. What is the total value of all your inventory (property for sale) at selling price? \$ _____
- Y. What is the value (at cost) of the inventory (property for sale) at this location? \$ _____
- Z. What is the value (cost) of the furniture, fixtures & equipment used to run your business at this location? \$ _____

Coverage Being Requested:

33. General liability coverage? Yes No **if yes: you must complete the following:**
- A. Indicate the locations you wish to include liability coverage below.
Location #1: Yes No Location #2: 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 Insureds on a blanket basis? Yes No
34. Business personal property (BPP) / Inventory coverage? Yes No **if yes: you must complete the following:**
- A. Indicate the locations you wish to include BPP (furniture fixtures & equipment not for sale) coverage below.
Location #1: Yes No Location #2: Yes No
- B. What is the total amount of Inventory (property for sale) coverage being requested? _____
- C. Would you like Loss of Income coverage? Yes No
If yes: what is the total amount of coverage being requested? _____
- D. Would you like Outdoor Sign coverage? Yes No
If yes: what is the total amount of coverage being requested? _____
- E. Would you like Exterior Building Glass coverage? Yes No
If yes: you must provide a glass schedule which includes description and exact sizes (in inches)
- F. Do you need to add a Loss Payee onto the policy? Yes No
If yes: Name & Address: _____

35. Real property or building coverage? Yes No **If yes: complete the following and submit a picture of the building:**
- A. Is the building owned or leased? Owned by you Leased by you
 If owned by you, what is the name on the title? _____
 If leased by you, who is the owner? _____
- B. Amount of Insurance Desired: \$ _____ Deductible Desired (\$1,000 minimum): \$ _____
- C. Is there a Mortgagee or Loss Payee on the building? Yes No
 If yes: Name: _____
 Address: _____
 Attention: _____ Loan #: _____

36. Any other additional coverage lines of business?
- A. Worker's compensation coverage? Yes No B. Business auto coverage? Yes No
 C. Flood coverage? Yes No D. Commercial umbrella coverage? Yes No
 E. Cyber liability coverage? Yes No F. EPLI (Employment Practices Liability) coverage? Yes No
 G. Another type of coverage(s) not listed? Yes No
 If yes: please list: _____

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 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

43. I understand the Warranty Statement below and the applicable Fraud Statement(s) on the following pages. Yes No

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 the applicant or an authorized representative of the Applicant, and further represents and warrants that the answers given above are true, correct, and complete to the best of applicant's knowledge. I further understand the application becomes a part of policy and that the insurer has relied upon the answers given above in extending the quote, and, if applicable, issuing a policy of insurance. I understand that any intentional concealment or misrepresentation of a material fact concerning this insurance, or the subject thereof may void any policy issued. I agree that in the event of a claim I will need to prove my loss/ownership of any property by providing inventory records, pictures, receipts, video, or other forms as necessary. It is agreed that I will review any policy of insurance or endorsement issued and understand its limits any limitations and/or exclusions that may apply. Lastly, by my signing above, I agree to this Warranty and the applicable Fraud Statement(s) on the following pages.

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.

Alabama: 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, fines, or confinement in prison, or any combination thereof.

Workers Compensation: Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining workers compensation benefits for himself or herself or any other person is guilty of a Class C felony.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

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.

Workers Compensation: Any person or entity who willfully and knowingly makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who willfully and knowingly employs any device, scheme or artifice, for the purpose of obtaining any benefit or payment, defeating or wrongfully increasing or wrongfully decreasing any claim for benefit or payment, or obtaining or avoiding workers compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for any of said purposes, under this chapter will be guilty of a Class D felony.

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.

Workers Compensation: Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.

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.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: **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: 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.

Workers Compensation: Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information, commits insurance fraud, punishable as provided in s. 817.234.

Hawaii: For your Protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer, files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas: *Workers Compensation:* Warning: Acceptance of employment with a different employer that requires the performance of activities you have stated you cannot perform because of the injury for which you are receiving temporary disability benefits could constitute fraud and could result in loss of future benefits and restitution of prior workers compensation awards and benefits paid.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

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.

Workers Compensation: Failure to answer truthfully may result in forfeiture of workers compensation benefits.

Maine, Virginia & Washington: 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, Rhode Island & West Virginia: 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. *Applies in MD only.

Massachusetts: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

Workers Compensation: Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to s 609.52, subdivision 3.

Nebraska: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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: *General:* 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.

Auto: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

Fire: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

Ohio: 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.

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.

Workers Compensation Warning: Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of: 1. obtaining any benefit or payment, 2. increasing any claim for benefit or payment, or 3. obtaining workers' compensation coverage under this act, shall be guilty of a felony punishable pursuant to Section 1663 of Title 21 of the Oklahoma Statutes.

Oregon: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Pennsylvania: *General:* 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.

Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

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.

Workers Compensation: It is a crime to knowingly provide false, incomplete, or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. 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.

Utah: *Workers Compensation:* Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

Vermont: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.