

## RETAIL PACKAGE APPLICATION FORM

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

### OCCUPANCY QUESTIONS

1. In which state is the property to be insured: \_\_\_\_\_
2. Does the applicant own the property? Yes No
3. Does the applicant lease or rent any portion of the building to be insured? Yes No
4. Are any of the following occupancies in the building to be insured –  
 Chemical or Explosive Storage or Distribution; Cinemas, Bowling Alleys,  
 Shooting Galleries, Farms, Flea Markets/Bazaars; Hospitals, Nursing Homes,  
 Assisted Living, Health Care Facilities Or Medical Centres or Dispensaries, Day Care; Hotels,  
 Motels, Bed & Breakfast, Boarding/Rooming Houses, Dormitories or Student Housing; Yes No  
 Manufacturing or Industrial, Nightclub, Bar, Tavern, Casino or Gentlemans Club;  
 Schools or Academics; Tire Capping or Tire Storage:
5. Applicant Occupancy: \_\_\_\_\_
6. Please select ALL classifications applicable to your tenants:  
 Retailer    Office    Habitational    Restaurant    Dealer Distributor    Vacant
7. Are there any apartment units? Yes No
8. Are there more than 6 units? Yes No
9. Is more than 69% of property square footage vacant? Yes No

### ELIGIBILITY QUESTIONS

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| <b>10.</b> Has the applicant had any policy or liability insurance refused, cancelled or non-renewed in the past 3 (three) years? (other than vacancy) | Yes | No |
| <i>If the above answer is Yes, were they for any of the following reasons only:</i>  |     |    |
| - Insurer no longer writing class of business?   |     |    |
| - Insurer no longer writing class of business in territory?  | Yes | No |
| - Risk no longer qualifying for an Admitted Carrier program?   |     |    |
| - Loss History?  |     |    |

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| <b>1%</b> Has/is the applicant and any other officer/director been involved in any bankruptcy proceedings or convicted of arson or insurance fraud?  | Yes | No |
| <b>1&amp;</b> Have there been more than two insured or uninsured Property or General Liability losses, claims or circumstances or one insured or uninsured loss, claim or circumstance exceeding \$10,000 at the property to be insured or any other property owned/rented by the applicant in the past three years? | Yes | No |

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|---------------------------------------|-----|----|
| <b>1'</b> . Is the Business Seasonal? | Yes | No |
|---------------------------------------|-----|----|

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| <b>1( .</b> Are the premises to be insured more than 20,000 square feet?   |     |    |
| <b>1)</b> . Are the premises to be insured subject to a mortgage provided by an individual or entity other than a financial institution? | Yes | No |
| <b>1*</b> . Are the premises located in a landslide, forest fire or brush fire area?   |     |    |
| <b>1+</b> . Are any combustible/flammable liquids/gases stored at the property to be insured?  |     |    |

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| <b>1, .</b> The electric wiring on fully functioning and operational circuit breakers?<br>(no coverage available for knob & tube, aluminium wiring or fuses) | Yes | No |
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**ELIGIBILITY QUESTIONS (continued)**

<b>1-</b> Is the property to be insured undergoing any renovation or construction work of any kind, or is any such work due to commence while insurance is in effect?	Yes	No
<b>8\$.</b> Are there written lease agreements between applicant, landlord and all tenants?		
<b>2%</b> Does the lease have a provision for requiring all commercial tenants to maintain general liability insurance a \$1,000,000 limit?	Yes	No
<b>2&amp;</b> Is the insured named on the tenants general liability insurance as an additional insured?		
<b>2'</b> Any commercial cooking exposure at property to be insured?	Yes	No
<b>2(</b> Please confirm UL approved Fire Suppression System installed for all commercial cooking surfaces and confirm that System is monitored, serviced and has a maintenance contract in place?	Yes	No

**GENERAL DETAILS**

Name and Mailing Address of Applicant \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Address of Property to be Insured: \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Name and Address of Retail Broker: \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**CONTACT DETAILS**

Contact Name \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

**COVERAGE DETAILS**

**2)** Total Sales Last 12 Months: \_\_\_\_\_ **2\*** Estimated Sales Next 12 Months: \_\_\_\_\_  
**2+** Occupied Square Footage: \_\_\_\_\_ **2,** Leased Square Footage: \_\_\_\_\_  
**2-** Please choose which coverage you require: Building Business Personal Property Business Income & Extra Expense  
Commercial General Liability  
**' \$.** Enter Protection Class: \_\_\_\_\_  
**3%** Construction Type: Frame Joisted Masonry Non Combustible Masonry Non Combustible Modified Fire Resistive  
Fire Resistive  
**3&** Value of Building: \_\_\_\_\_ **3'** Total square footage of building to be insured including outbuildings: \_\_\_\_\_  
**3(** Age of Building or Complete Building Upgrade in: 0-35 Years 36-50 Years Over 50 Years  
**3)** Is the roof older than 25 years: Yes No **3\*** Number of Floors: \_\_\_\_\_  
**3+** Value of Business Personal Property: \_\_\_\_\_ **,** Description: \_\_\_\_\_  
**3-** Business Income & Extra Expense: \_\_\_\_\_  
**( \$.** Monthly Maximum Limit of Liability Available: 1/3 1/4 1/6  
**4%** Wind Hail Deductible: 2,500 5,000 10,000  
**4&** All Other Peril Deductible per occurrence: 2,500 5,000 10,000  
**4'** Type of Quote: Basic Special

**COVERAGE DETAILS (continued)**

4( . Liability Limit Required: 300,000/600,000 500,000/1,000,000 1,000,000/2,000,000

4) . How Many Apartment Units: \_\_\_\_\_

4\* . Does the property include a parking lot for which you are legally responsible for: Yes No

4+. Does applicant lease agreement include requirement of tenant/s to be responsible for the condition of pavement and curbs associated with their leased unit, including keeping it from ice and snow: Yes No  
(This question is not applicable for the following States – AL, AR, AZ, CA, FL, GA, LO, NM, MS, NC, OK, SC, TN, TX)

4, . Would you like to include Vandalism & Malicious Mischief: \* Yes No

4- . Is Sprinkler Leakage cover required: \* Yes No

)\$. Please select Medical Payments Coverage: No \$1,000 \$2,500 \$5,000 \$10,000

5% Is TRIPRA coverage required: Yes No

5& Is there a fully functional Central Station Burglar Alarm with an active monitoring contract: Yes No

5' . Is Non Owned Auto required: Yes No

5( . Number of Employees: 0-10 11-25 26-50

5) . All employees provide evidence of personal automobile liability exposure: Yes No

5\* . Do errands include transporting of people, animals, food or beverage or offices with fields sales: Yes No

5+. Are errands less than 60 miles round trip: Yes No

5, . Have there been any insured or uninsured losses or claims at the property to be insured: Yes No

Describe all prior losses: \_\_\_\_\_  
\_\_\_\_\_

5- . If required, please enter details of Additional Insured: \_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

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 AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature \_\_\_\_\_ Retail Broker's Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_