

# Business Owners Application

- 1.1 Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Website: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
County: \_\_\_\_\_ Square Footage of Business \_\_\_\_\_  
Business operated as:  Corporation  Partership  Individual  Independent Contractor
- 1.2 Business operated as salon? \_\_\_\_\_ If not, other: \_\_\_\_\_
- 1.3 How long in business? \_\_\_\_\_ Do all professionals have licenses? \_\_\_\_\_
- 1.4 Do you have operations not listed on the schedule? \_\_\_ If yes, provide details: \_\_\_\_\_  
Do you have insurance for these operations? \_\_\_\_\_ Name of insurance company: \_\_\_\_\_

## PROPERTY SECTION

## MUST INSURE FOR 100% OF THE REPLACEMENT COST

- 2.1 Age of building: \_\_\_\_\_ Construction: \_\_\_\_\_ Number of stories: \_\_\_\_\_
- 2.2 If building is over 20 years old, when were the following upgraded? (\*) Information is Required  
\*Roof: \_\_\_\_\_ \*Plumbing: \_\_\_\_\_ \*Wiring: \_\_\_\_\_ Sprinklers: \_\_\_\_\_
- 2.3 \*Central Station Burglar Alarm?  Yes  No If yes advise alarm provider \_\_\_\_\_ :
- 2.4 Other Occupancies in building? (Describe) \_\_\_\_\_
- 2.5 Adjoining Occupancies: LEFT: \_\_\_\_\_ RIGHT: \_\_\_\_\_
- 2.6 Approximate distance from fire station: \_\_\_\_\_ Distance from fire hydrant: \_\_\_\_\_
- 2.7 Do you sell clothing? Yes  No  If yes, Inventory Value: \$ \_\_\_\_\_
- 2.8 Do you sell or use jewelry? Yes  No  If yes, Jewelry Value: \$ \_\_\_\_\_
- 2.9 Name & address of loss payee: \_\_\_\_\_

## COVERAGES DESIRED

<b>CONTENTS</b> – Limit Needed:	\$ _____	Deductible \$1,000
<b>BUILDING</b> – Limit Needed:	\$ _____	Deductible \$1,000
<b>EARNINGS</b> – Limit Needed:	\$ _____	For What Period? _____
<b>SIGN</b> – Limit Needed:	\$ _____	Deductible \$100

## CLAIMS

- 3.1 List all property claims in the past 5 years, whether or not insured: \_\_\_\_\_  
\_\_\_\_\_
- 3.2 Current property insurance carrier, policy number: \_\_\_\_\_

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## PART IV. HISTORY

**NOTE:** All questions must be answered. **Failure to disclose claims history could invalidate coverage.**

4.1 Do you currently have insurance coverage?  Yes  No If yes, indicate the following:

<i>Insurer</i>	<i>Policy #</i>	<i>Liability Limits</i>	<i>Premium</i>	<i>Exp. Date</i>
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If claims made, most recent retroactive date: \_\_\_\_\_

4.2 List liability claims history arising from any permanent makeup, beauty, health or other professional activity, whether or not insured: If none, state so \_\_\_\_\_

<i>YR/Claim</i>	<i>Nature of injuries</i>	<i>Equip. Involved</i>	<i>Details, if Pending</i>	<i>Amt. if settled</i>
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4.3 Do you have knowledge of an event, circumstance or occurrence (other than listed in 4.2 above) prior to the effective date of the proposed policy, or do you foresee that a claim may be brought as a result of said event, circumstance or occurrence?  Yes  No. If yes, describe details of the event:

I understand and agree this Application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release all Lloyd's of London participating syndicates, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

**THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING.**

**SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
REQUESTED EFFECTIVE DATE

\_\_\_\_\_  
LIABILITY LIMIT REQUESTED

ADDITIONAL INSURED: @ \$50 Certificate Holder (Landlord or Lessor) If necessary, add other names on separate paper.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Relationship to your business (Landlord, lienholder): \_\_\_\_\_