



12.	Average daily attendance:		
13.	Days per week facility is open:		
		<b>Yes</b>	<b>No</b>
14.	Do you provide display booths?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, describe:		
	Are materials fire resistive?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Does aisle space meet local fire department regulations?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Are fire extinguishers kept on premises?	<input type="checkbox"/>	<input type="checkbox"/>
	Frequency serviced:		
17.	Do you utilize a lease agreement?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, obtain a copy for the file.		
18.	Are you provided with a certificate of insurance and additional insured endorsement from vendors?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Do you have any golf carts?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, how many:		
20.	Total number of employees:		
21.	Is liquor allowed on premises?	<input type="checkbox"/>	<input type="checkbox"/>
22.	Do you sponsor any special events or promotions?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, describe:		
23.	Do any vendors offer amusement rides?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, describe:		
24.	Do you use any traffic control?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, describe:		
25.	Do you store petroleum products in underground tanks, LPG, flammable liquids, ammunition or explosives on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, indicate type and quantity stored:		
26.	Do you subcontract work?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, indicate type:		
	Are Certificates of Insurance required from all subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
27.	Do you lend, lease or rent any equipment to others? If yes, indicate:	<input type="checkbox"/>	<input type="checkbox"/>
	Type of equipment:		
	Gross receipts: \$		

**PREMISES**

1.	Age of Building:			Construction:	
2.	Number of Floors:	Total Sq. Footage:		Number of Exits:	
		<b>Yes</b>	<b>No</b>		
3.	Central Station Alarm?	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Lighting?	<input type="checkbox"/>	<input type="checkbox"/>		
	Fully Sprinklered?	<input type="checkbox"/>	<input type="checkbox"/>	If no, describe extent of sprinklering:	
4.	Last update: Wiring:			Plumbing:	
		<b>Yes</b>	<b>No</b>		
5.	Smoke detectors in: All Rooms	<input type="checkbox"/>	<input type="checkbox"/>		
	Halls	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Are there any swimming pools?	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Has emergency evacuation plan been prepared?	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Are both scheduled and unscheduled fire and emergency drills conducted?	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Are emergency facilities readily available?	<input type="checkbox"/>	<input type="checkbox"/>		
	If yes, describe:				

Loc. #	Description of Exposures	Premium Bases	Gross Sales

**PREVIOUS INSURER & LOSS HISTORY – Attach separate sheet if necessary**  **See Loss Runs Attached**

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

No  Yes – If Yes, give name of company, date, and reason:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 3 years:

Year	Carrier	Policy Number	Coverage	Check if Claims-Made	Premium
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

### FRAUD STATEMENTS

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim of an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**LOUISIANA and 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 include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

### IMPORTANT NOTICE DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS PPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

### SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date

Producer Name and Address