

Eligible Businesses Include (Update classes of Business)

Restaurants from fast food to fine dining with or without alcohol

Offices

Convenience stores without Gas

Grocery stores (less than 4000 sq. ft.)

Condominium Commercial Unit Owners

Lessors Risk with BOP eligible tenants – No habitational

CPP may be available

Liquor ratio exceeding 50% of total sales

Restaurants, closing after midnight with live entertainment

Risks that exceed \$6,000,000 in annual gross sales per location

Risks that located in buildings with more than 6 floors

Risks with Habitational exposures

APPLICATION

Agent Name: _____ Address: _____

Phone: _____ Email: _____

Applicant Information

Legal Entity: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Joint Venture ☐ Other: _____

Business Name: _____

DBA: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone Number: _____

Email address: _____ Website Address: _____

Policy Term Requested: Effective from _____ to _____

Date Business Started: _____ New Owners/Ventures: Provide # years of experience in this trade/business: _____

Details of prior experience: _____

Does applicant own or operate any other business or premises under the same legal entity name/ownership?

___ Yes ___ No

Is any other business being submitted for this insured: ☐ Liquor Liability* ☐ Excess Liability

Does Insured sell, serve, or allow bring your own alcohol? ___ Yes* ___ No

***If yes, complete liquor liability supplement attached.**

Description of Operations: _____

Number of Locations _____ (for each location below must be completed):

Location Address(s) (if other than mailing address shown above):

Have you had prior business owners' insurance in the past 3 years? ___ Yes ___ No

If Yes, Prior Carrier: _____ Expiring Premium: _____

Any losses more than \$5,000 paid or reserved in the past 3 years or more than 2 losses in the past 3 years?

___ Yes ___ No

Any Cyber losses within the past 3 years? ___ Yes ___ No

Any Employment Practices Liability losses within the past 3 years? ___ Yes ___ No

New Jersey Office
1 Claridge Dr., Suite 916
Verona, NJ 07044

Florida Office
4781 N Congress Ave, Suite 2186
Boynton Beach, FL 33426

LOSS HISTORY

Loss History: Total number of claims in the past 3 years _____ (If any claims, provide loss runs - If loss runs are **not** provided, please complete below)

<u>Date</u>	<u>Type/Description</u>	<u>Amount Paid</u>	<u>Amount Reserved</u>	<u>Open/Closed</u>
_____	_____	_____	_____	Open
_____	_____	_____	_____	Open

General Underwriting Information

Complete all questions, for each location. Attach separate sheet as needed.

Check all protective systems that apply:

Automatic Fire Alarm - ☐ Local ☐ Central: ____ Yes ____ No Burglar Alarm - ☐ Local ☐ Central: ____ Yes ____ No

Smoke Detectors – Hard Wired: ____ Yes ____ No Smoke Detectors – Battery: ____ Yes ____ No

Security Service Company: ____ Yes ____ No Service Contract: ____ Yes ____ No

Security Personnel/employee: ____ Yes ____ No

If contracted Security, are they armed: ____ Yes ____ No; Is there a hold harmless contract in place naming insured harmless: ____ Yes ____ No; *Copy of Contract Required*

Is this a seasonal operation (Closed more than 30 days): ____ Yes ____ No; If yes, describe: _____

Is there any entertainment ever held on site: ____ Yes ____ No; If yes, describe: _____

Are there the following on the premises – check all that apply: Swimming Pool: ____ Yes ____ No;
Playground: ____ Yes ____ No; Fire Pit: ____ Yes ____ No; Working Wood Fireplace: ____ Yes ____ No

Any sales of guns or ammunition: ____ Yes ____ No

Do/have past, present, or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material: ____ Yes ____ No

Are athletic teams sponsored: ____ Yes ____ No

Are sub-contractors allowed to work without providing a certificate of insurance? ____ Yes ____ No; If no, who checks certificates: _____

During the last five years has any applicant been indicted or convicted of any degree of the crime of fraud, bribery, arson, or any other arson-related crime in connection with this or any other property: ____ Yes ____ No

Any policy or coverage declined, cancelled or non-renewed during the prior 3 years: ____ Yes ____ No; If yes, describe: _____

Do you own or operate any other business: ____ Yes ____ No; If yes, describe: _____

Any other insurance with HIG: ____ Yes ____ No; If yes, describe: _____

Are you involved in manufacturing, mixing, relabeling, or repackaging of products: ____ Yes ____ No

New Jersey Office
1 Claridge Dr., Suite 916
Verona, NJ 07044

Florida Office
4781 N Congress Ave, Suite 2186
Boynton Beach, FL 33426

Do you rent or loan equipment to others: ____ Yes ____ No; If yes, describe: _____

Has applicant had a foreclosure, repossession, bankruptcy judgement or lien during the past 5 years: ____ Yes ____ No;
If yes, describe: _____

Any cast iron sectional boilers used for the production or processing of products: ____ Yes ____ No; *If yes, underwriting referral required.*

Any past losses or claims relating to sexual abuse or molestation allegations, discrimination, or negligent hiring:
____ Yes ____ No; If yes, explain: _____

Any fire code violations in the past 5 years: ____ Yes ____ No; If yes, describe: _____

Does insured lease any part of the building to others: ____ Yes ____ No; If yes, describe: _____

What % of the building is currently vacant or unoccupied: _____ %

Apartments: _____ (Yes or No); If yes, number of units: ____

New Jersey Office
1 Claridge Dr., Suite 916
Verona, NJ 07044

Florida Office
4781 N Congress Ave, Suite 2186
Boynton Beach, FL 33426

Property & Liability

Complete for each location

(Attach Additional Location/Building Supplement pages as needed)

Location ____ of ____

Location Address: Same as the mailing address: ____ Yes ____ No; If No, please enter location address:

Street: _____

City: _____ State: _____ Zip: _____

Distance to Coast (miles): _____ Distance to nearest Fire Hydrant (feet): _____ Nearest Fire Station (miles): _____

Building ____ of ____

Insured: ____ Owner ____ Tenant

Hours of Operation: From _____ to _____

Year Built: ____ Number of stories: ____ Total Sq Feet of Building: ____ Sq Feet Occupied by Insured: ____

Portion of building unoccupied or vacant: ____%

Building Construction: ☐ Frame ☐ Joisted Masonry ☐ Fire Resistive ☐ Non-Combustible ☐ Non-Combustible Masonry

Year of last update: Electric ____ Heating/AC ____ Plumbing ____ Roof ____

Is building 100% sprinklered? ____ Yes ____ No

Are, there other business in the same building? ____ Yes ____ No; If yes, please provide complete description of other businesses: _____

Building Replacement Cost: \$_____; at 100% to value

Business Personal Property Replacement Cost: \$_____; at 100% to value

Tenant's Improvements and Betterments Replacement Cost: \$_____; at 100% to value

Any surrounding exposures? ____ Yes ____ No; if yes, describe: _____

Location Options and Coverages

Property Deductible: ☐ \$1000 ☐ \$2500 ☐ \$5000 ☐ \$7500 ☐ \$10,000

If Applicable - Wind Hail Deductible: ☐ 1% ☐ 2% ☐ 5%

Business Income limit of Insurance Requested: \$_____

Equipment Breakdown Perishable Goods Limit: \$25,000 (limit included): Additional limits available, select Limit:

☐ \$50,000 ☐ \$75,000 ☐ \$100,000

Damage to Premises Rented to you: \$50,000 (limit included): Additional limits available under *Optional Coverages*

Total Sales at this location:

Food: \$_____

Liquor: \$_____

Other: \$_____;

Describe: _____

New Jersey Office
1 Claridge Dr., Suite 916
Verona, NJ 07044

Florida Office
4781 N Congress Ave, Suite 2186
Boynton Beach, FL 33426

Policy Level - Options and Coverages

Liability Limits – *Select one:*

☐ \$300,000 per occurrence/\$600,000 aggregate ☐ \$500,000 per occurrence/\$1,000,000 aggregate
☐ \$1,000,000 per occurrence/\$2,000,000 aggregate ☐ \$2,000,000 per occurrence/\$4,000,000 aggregate
(Underwriting approval required)

Damage to Premises Rented to You: ☐ Yes ☐ No; \$50,000 (included in policy) additional limits are available up to \$300,000; in increments of \$50,000. Limit Requested \$_____

Broadened Coverage for Damage to Premises Rented to You: Limits available up to \$300,000; in increments of \$50,000. Limit Requested \$_____ *(cannot be purchased if you selected additional limits for Damage to Premises Rented to You above)*

Year 2000 Computer-Related and other electronic problems: ☐ Yes ☐ No

Terrorism Coverage: ☐ Yes ☐ No

Employment Practices Liability: ☐ Yes ☐ No; Limit of \$25,000 (NH limit is \$100,000) with \$2500 Deductible
 Additional Limits are available of \$50,000, \$100,000 and \$250,000 with a mandatory \$2500 deductible applicable.
 Limit Requested \$_____ (Supplemental EPL Questionnaire required for higher limits of \$100,000 (N/A for NH) or \$250,000) **# of Full Time Employees** _____ **# of Part Time Employees** _____

Location Level - Options and Coverages

Prime Plus Enhancement ☐ Yes ☐ No Location #(s) _____

OR (Select only one)

Prime Enhancement ☐ Yes ☐ No Location#(s) _____

Food Contamination ☐ Yes ☐ No Location #(s) _____

(Required for Restaurants)

Food contamination limits of insurance: \$10,000 – Higher limits available up to \$50,000 in increments of \$5,000.
 Limit requested \$_____

Additional Advertising Expense Limit of Insurance: \$3,000 – Higher limits up to \$5000 available.
 Limit requested \$_____

Location Level - Options and Coverages continued

Brands & Labels ____ Yes ____ No Location #(s) ____
(Automatically included for restaurants)

Theft of Clients Property ____ Yes ____ No Location #(s) ____

Building Level - Options and Coverages

Ordinance or Law Coverage ____ Yes ____ No Building #(s) ____

Options: Coverage 1 only; Coverage 3 Only; Coverage 1 & 2; Coverage 1,2 & 3 with or without 2 & 3 Combined.

☐ Coverage 1: Loss in value of undamaged portion of building due to demolition from ordinance.

☐ Coverage 2: Limit of Insurance = \$ _____

☐ Coverage 3: Limit of Insurance = \$ _____

☐ Coverages 2 and 3: Combined Limit of Insurance \$ _____

Ordinance or Law Business Income ____ Yes ____ No

Insured MUST be able to affirm all five statements below to secure coverage for EPL:

1. The insured has 100 full time equivalent employees or less.
2. There have been no EPL claims, suits or complaints nor are there any now pending against the insured or any executive, office, or owner.
3. The Insured and any executive, officer or owner has no knowledge or information of any act, error or omission which could reasonably be expected to give rise to an EPL claim, suit, or complaint.
4. All job applications are required to complete and sign an employment application.
5. In the past 12 months and the coming 12 months combined, there has not been nor does the insured expect any layoffs or reductions in force totaling more than 15% of the total employee count.

INSURED SIGNATURE CONFIRMATION REQUIRED TO BIND EPL: I affirm the above statements are true.

Insured Signature _____ Date _____

New Jersey Office
1 Claridge Dr., Suite 916
Verona, NJ 07044

Florida Office
4781 N Congress Ave, Suite 2186
Boynton Beach, FL 33426

Automatically included for restaurants, do not select limit. All others must purchase Enhancement Endorsement – Prime or Prime Plus to purchase coverage.

Policy Limit: \$5,000 - Higher limits available of \$10,000 or \$25,000 available. Limit Requested \$ _____

Cyber Policy automatically includes limit of \$50,000 (NH limit is \$100,000) with \$1000 Deductible. Location #(s) _____

Additional Limits available \$100,000 or \$250,000 with a mandatory \$2500 deductible. Limit Requested: \$ _____
(Supplemental Cyber Questionnaire required for higher limits)

Hired and Non-Owned Auto Liability ____ Yes ____ No Location #(s) _____

Does Insured have a commercial auto policy in force? ____ Yes ____ No *(if yes, this optional coverage is not available)*

Does insured offer delivery or valet parking? ____ Yes ____ No *(if either are yes, this optional coverage is not available)*

Limits Available - Select one: ____ \$300,000 / \$600,000 ____ \$500,000 / \$1,000,000 ____ \$1,000,000 / \$2,000,000

Inflation Guard *(Policy automatically defaults to 8%)*: Building #(s) _____

Options: ☐ 2% ☐ 4% ☐ 6% ☐ 10%

Condominium Commercial Unit-Owners Optional Coverages Loss Assessment: ____ Yes ____ No Building #(s) ____

Limits available up to \$50,000, in increments of \$5000: Limit Requested \$ _____

Loss Assessment Deductible: \$500

Sub-Limit for Condominium Association Deductible (if other than \$1000): Limit Requested \$ _____

Additional Interests: (Mortgage, Loss Payee, Additional Insured) – *if more than two, provide on separate sheet:*

Name: _____ Interest: _____

Address: _____

Name: _____ Interest: _____

Address: _____

Insured Signature: _____ Date: _____

Email address: _____

Agent Signature: _____ Date: _____

RESTAURANT SUPPLEMENT

Attach restaurant supplemental for each location

Is the restaurant operated by insured? ☐ Yes ☐ No; If no, please explain below:

How long has insured been at this location? _____

Has any other business other than a restaurant been at this location? ☐ Yes ☐ No; If yes, explain below:

Is restaurant on ground floor? ☐ Yes ☐ No If no, indicate floor # _____

Does restaurant maintain parking areas? ☐ Yes ☐ No; If no, indicate who is responsible: _____

Is restaurant seasonal? ☐ Yes ☐ No; If yes, please explain: _____

Has restaurant ever been cited by the board of health? ☐ Yes ☐ No; If yes, please explain below:

Hours of Operation: Kitchen Hours: _____ to _____ Bar/Lounge Hours: _____ to _____

Outside Patio area: ☐ Yes ☐ No

Deck: ☐ Yes ☐ No; If yes, Height of Deck: _____

Seating Capacity: _____

Dance Floor: ☐ Yes ☐ No

Is there entertainment: ☐ Yes ☐ No; If yes, please indicate type – select all that apply:

Live Entertainment: ☐ Bands ☐ DJ ☐ Karaoke Background Music: ☐ Piano Player, incidental soft music

Is there a catering exposure: ☐ Yes ☐ No; If yes, ☐ On premises ☐ Off Premises

If yes, describe: _____

Are delivery services offered? ☐ Yes ☐ No; If yes, please indicate the method of delivery below:

☐ Company auto ☐ Employee auto ☐ Delivery service (Uber Eats, Grub Hub etc.)

Does insured serve alcohol? ☐ Yes ☐ No

Are you requesting Liquor Liability Coverage (Liquor App Required)? ☐ Yes ☐ No

If no, please explain: _____

Does applicant conduct "happy hours" or other promotional events? ☐ Yes ☐ No; If yes, please explain below:

Restaurant Supplement continued

Select all the cooking methods used:

☐ Wood burning stove ☐ Tandoor ☐ Hot Pot ☐ Hot Stone ☐ Tableside Hibachi or cooking
☐ Open Pit Barbeque ☐ BBQ Table ☐ Other: _____
☐ None of the above

Does insured have Banquet/Function Hall Facilities: ☐ Yes ☐ No

Are all commercial cooking appliances covered by a wet chemical UL 300 Automatic Extinguishing System (AES) that is serviced every 6 months? ☐ Yes ☐ No

Have the life safety requirements (NFPA 101) for emergency lighting and number of exists been met? ☐ Yes ☐ No

Are all cooking appliances that produce smoke or grease laden vapors placed under a hood and duct system? ☐ Yes ☐ No

Is the hood, filter and duct system(s) inspected daily and professionally cleaned every 6 months? ☐ Yes ☐ No

Are deep fat fryer equipped with an automatic fuel shutoff for temperatures above 475 degrees? ☐ Yes ☐ No

Do deep fat fryer have a steel or glass baffle of at least 10 inches between the fryer and adjacent cooking surfaces? ☐ Yes ☐ No

Is a K-Rated fire extinguisher present in the kitchen? ☐ Yes ☐ No

Has applicant ever been fined by any federal, state, or local governmental agency or entity related to any past or current business operations? ☐ Yes ☐ No; If yes, please describe below:

Insured Signature: _____

Date: _____

Email address: _____

Agent Signature: _____

Date: _____

Liquor Liability Supplement

Attach liquor supplemental for each location as needed

Named Insured: _____

D/B/A: _____

Location Address: _____

Member of Association: ____ Yes ____ No Name of Association: _____

☐ Retail Stores - including package stores, markets & gas stations; no consumption on premises

☐ Restaurants – liquor sales less than 50% of total food & liquor sales

Policy Limits Requested:

- ____ \$50,000 per person / \$100,000 per occurrence / \$100,000 aggregate
____ \$100,000 per person / \$200,000 per occurrence / \$200,000 aggregate
____ \$250,000 per person / \$500,000 per occurrence / \$500,000 aggregate
____ \$500,000 per person / \$1,000,000 per occurrence / \$1,000,000 aggregate
____ \$1,000,000 per person / \$1,000,000 per occurrence / \$2,000,000 aggregate

Optional Endorsements

Property Damage Endorsement ____

Terrorism ____

Assault & Battery Endorsement – select A&B Sublimit:

____ \$100,000 / \$200,000 / \$200,000

____ \$50,000 / \$100,000 / \$100,000

____ \$500,000 / \$1,000,000 / \$1,000,000

____ \$250,000 / \$500,000 / \$500,000

____ \$1,000,000 / \$1,000,000 / \$2,000,000

I decline to purchase Assault & Battery Coverage: _____

Business Sales

Liquor Sales – On Premises Consumption \$ _____

Food Sales - On Premises Consumption \$ _____

Liquor Sales – Off Premises Consumption \$ _____

Food Sales - Off Premises/ Catering \$ _____

Price of Domestic Bottle of Beer: \$ _____

____ Bottle Service Available

Sales Verification Documentation Options – Required for quotes with total sales over \$1,000,000

- ____ Print out of insured's POS system for past 12 months
____ MassConnect – MA Online Sales Tax form for the past 12 months (MA only)
____ Accounting statement for past 12 month (signed by licensed accountant)

Entertainment – Are any of the following provided at this premises? (Check all that apply) ☐ No Entertainment

☐ Darts

☐ DJ with Dancing

☐ Karaoke

☐ Dancing

☐ Pool Tables

☐ Live Bands

☐ Mechanical Bulls

☐ Dance Floor

☐ Pub Crawls

☐ Happy Hour

☐ Exotic Dancing

☐ Drinking Games/Tournaments

☐ Other: _____

Number of Days with live entertainment per week: _____

Number of days open per week: _____

Liquor Liability Supplement continued

Alcohol Training / Security Training Information

Are any bouncers, doorpersons or security used? ☐ Yes ☐ No; If yes, are they: ☐ Company Employees ☐ Contracted
Is there a written alcohol serving policy in place? ☐ Yes ☐ No

Name of Alcohol Training Program (if applicable): _____
Have 100% of management and 100% non-management servers been certified? ☐ Yes ☐ No

Name of Security Training Program (if applicable): _____
Have 100% of management and 100% non-management servers been certified? ☐ Yes ☐ No

Are employees permitted to consume alcohol on the applicant's premises prior to, during or after their shift ends? ☐ Yes ☐ No

Citations And / Or Hearings

Has the applicant had any citations or hearings with their local liquor licensing board? ☐ Yes ☐ No
If yes, please provide details: _____

Has the applicant been fined or cited for ABC violations of law or ordinances related to illegal activities or the sale of alcohol?
☐ Yes ☐ No; If yes, please provide: Date: _____ Fine: _____ Penalty Assessed: _____

Security Information

Security Cameras Outside Premises ☐ Yes ☐ No Length of time video is saved _____
Security Cameras Inside Premises ☐ Yes ☐ No Length of time video is saved _____

Prior Coverage History

Has the applicant had any losses, claims, lawsuits or incidents in the past 3 years? ☐ Yes ☐ No
If yes, please provide detailed loss explanation: _____

Has the insured had prior coverage? ☐ Yes ☐ No ; If yes, please provide prior carrier information:

Year	Company	Premium
		\$
		\$

AGENT'S / APPLICANT'S CERTIFICATION & AUTHORIZED SIGNATURES

Whereupon the agent/applicant, under the pain and penalty of perjury, hereby acknowledges this application to be true and complete to the best of the agent's /applicant's knowledge and belief. By signing this application, we certify that the information contained herein is true and accurate to the best of our knowledge and belief, and we acknowledge that providing truthful and accurate information is a condition precedent to obtaining liquor liability insurance.

APPLICANT'S SECTION

Applicant's Name: _____ Title: _____

Applicant's Signature: X _____ Date: _____

AGENT / BROKER'S SECTION

Name of Agency: _____ Address: _____

Name of Agent: _____ Telephone: _____ Email: _____

Agent's Signature: X _____ Date: _____

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.

Fraud Notice

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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.