

Store Name: _____ Store Address: _____

Please complete only the applicable sections of this application that are specific to the risk:

Required for stores with the following risk exposures:

- Habitation, Premises leased to others and Vacancy.
- Type I - Commercial grease cooking
- Buildings older than 30 years of age.
- Sales per square foot <\$250.
- Fires or smoking allowed on premises.

Other Non-Class Related Exposures:

Yes No

- Habitation on the premises?
 - ✓ Who lives in the attached premises? _____
 - ✓ Is smoking allowed? _____
 - ✓ Lease period or length tenant has rented space? _____
 - ✓ Are there two means of egress with functioning smoke and carbon monoxide detectors?
- Premises leased to others?
 - ✓ Are tenant lease agreements signed and kept in file?
 - ✓ Tenant Certificates of Insurance required and kept in file?
 - ✓ \$1,000,000 minimum insurance limit requirements?
 - ✓ Hold harmless agreements as part of lease?
- Premises vacant in full or partial?
 - ✓ If yes please complete the vacancy addendum attached

Comments: _____

Type I Commercial Grease Cooking:

Yes No N/A

- ✓ Is there a UL 300 compliant fire suppression system in place over all grease cooking areas?
- ✓ Is the fire suppression system professionally maintained on a minimum semi-annual basis?
- ✓ What was the last date of service? _____
- ✓ Is there a regular cleaning program established for all grease screens and flues?
- ✓ Frequency of screens/baffles cleaned by employees? _____
- ✓ Are flues cleaned professionally cleaned on a contracted basis?
- ✓ Frequency of times per year? _____
- ✓ Date of last professional cleaning _____
- ✓ Is there a Class K (wet chemical) fire extinguisher properly mounted and in reach in the kitchen?
- ✓ Are there self contained deep-fat fryers on premises?
- ✓ Do all self contained fryers have automatic shut-off switches?

Buildings older than 30 Years: Original year built _____

- Has the electrical systems been updated in the last 30 years?
 - ✓ If yes date and extent of update: _____
 - ✓ Have new breaker panel boxes and wiring been added, If yes date?
 - ✓ Has additional electrical capacity been added from the outside, If yes date?..
 - ✓ Was work performed by a licensed and bonded contractor.....
 - ✓ If building >50 years old are fuses, aluminum wiring or knob & tube part of electrical system?
 - ✓ Other pertinent updates:
Plumbing update: _____ Heating update: _____ Roof surface update: _____

Comments: _____

Sales per Square Foot Less Than \$250:

Yes

No

- ✓ Are there large amounts of space dedicated to the non-retail area such as the backroom?
- ✓ What is the square footage of non-retail (backroom) space _____
- ✓ Does the insured have a mortgage on the building?
- ✓ Are there competing retailers including major chains within 3 miles of the store?

Comments: _____

Fires or Smoking:

Yes

No

- Is smoking allowed on the premise?
 - ✓ Confined to breakrooms with proper receptacles?
 - ✓ Exterior premises sand ash trays or proper receptacles provided?
- Are fires allowed on the premises inside or outside? Check which apply:
 - ✓ Interior - Fire Place
 - ✓ Interior - Solid Fuel Cooking (wood, charcoal or other)
 - ✓ Interior - Other
 - ✓ Incinerator
 - ✓ Exterior – Open Flame Patio Heaters
 - ✓ Exterior - Fire Pit
 - ✓ Exterior – Non-Contained Burning
 - ✓ Exterior - Solid Fuel Cooking (wood, charcoal or other)
 - ✓ Other - Exterior

Describe controls in place for items checked: _____

Other Comments: _____

Please attach

- Photos of applicable sections as completed above.
- Lease agreements/certificates of insurance if applicable.

Vacancy Addendum . (Please complete if premise is 50% or more vacant)

- ✓ Address of vacant property: _____
- ✓ Total square footage of property: _____
- ✓ Amount of square footage vacant: _____
- ✓ How long has applicant owned the Property to be insured? _____
- ✓ Length of time vacant: _____
- ✓ Previous occupancy of property: _____

Utility Services:

- ✓ Electric (lights & heat): Connected Yes No In-Service Yes No
- ✓ Gas (heat): Connected Yes No In-Service Yes No
- ✓ Water: Connected Yes No In-Service Yes No

Security/Protection:

- ✓ Site seen by: Employee/owner Third party
- ✓ Keys to property restricted: Yes No
- ✓ Frequency visited: Daily Weekly Monthly
- ✓ Is property fenced: Yes No
- ✓ Are windows boarded: Yes No
- ✓ Adjacent properties: Commercial Industrial Residential Farm

- ✓ Sprinkler System (If applicable):
Connected: Yes No In-Service: Yes No Chained & Locked: Yes No

- ✓ Alarm Type
Fire:
Local Central Station Connected Yes No In-Service Yes No
- ✓ Crime:
Local Central Station Connected Yes No In-Service Yes No

- ✓ Is the property to be insured undergoing any renovation or construction work of any kind, or is any such work due to begin while insurance is in effect? Yes No
Describe: _____

- ✓ Have there been any insured or uninsured losses at the property to be insured since the applicant has owned the property? Describe: _____

- ✓ Please describe future plans for the vacant premises in terms of occupancy, renovations, and timing:

I hereby certify that foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to me, and the same are hereby made as the basis and condition of the insurance. **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 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 AL, CO, DC, FL, KS, MD, MA, MN, NE, NM, NY, OH, OK, OR, PA, VT or WA - see Additional Fraud Notices attached hereto for these States). INSURANCE BENEFITS MAY ALSO BE DENIED.**

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA AND NEW MEXICO APPLICANTS: 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 FINES OR CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: 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 A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

NOTICE TO WASHINGTON APPLICANTS: 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.

Signature:

Date:

**Print
Name:**

Title:
