

Named Insured/Applicant: _____

PREQUALIFIERS - Risk(s) are ineligible if they include any of the following characteristics. Please complete:

	Yes	No	N/A
1. Non-compliance with applicable law and ordinances pertaining to licensing or codes.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Warnings, suspensions, revocations, or other restrictions imposed due to failure to comply with licensing standards or building fire, and/or safety code.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Rooms or common areas deficient of a fire/smoke alarm.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Armed security personnel, employed or contracted, who use weapons including but not limited to guns, Tasers, and stun guns.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Bankruptcy declaration (Chapters 7, 11 or 13) within the last 3 years or impending foreclosure.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Unprotected commercial cooking facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Buildings taller than 4 stories (refer to Northfield Solutions).	<input type="checkbox"/>	<input type="checkbox"/>	
8. Rates charged on an hourly and/or partial day basis.	<input type="checkbox"/>	<input type="checkbox"/>	
9. Swimming pools that have diving boards/slides, are unfenced, gate that is not self-latching/closing and/or not in compliance with Virginia Graeme Baker Pool & Spa Safety Act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Property classified as boarding or rooming house.	<input type="checkbox"/>	<input type="checkbox"/>	
11. Owned autos or owned/contracted shuttle/transportation service offered, including delivery service, cab service, or designated driver programs (no HNOA coverage).	<input type="checkbox"/>	<input type="checkbox"/>	

GENERAL INFORMATION

1. Describe your operations (i.e. hotel, motel, bed & breakfast, etc.):

2. Describe any seasonal risks:

3. Average occupancy rate:

4. Are animals allowed on the premises? Yes No
5. Do any rooms have a kitchenette, wood burning stove, or fireplace? Yes No
If yes, are fire extinguishers in place? Yes No
6. Which of your services are subcontracted:

7. Percent of the building/rooms that are sprinklered:

8. Are employees on premises 24 hours? Yes No

REVENUE INFORMATION

	Most Recent Yr.	1st Year Prior	2nd Year Prior	3rd Year Prior
Total Revenue				
Food Sales Revenue				
Liquor Sales Revenue				
Average Room Rate				

RECREATIONAL EXPOSURES - Advise number, miles, acres or square feet, as indicated:

Baseball Field _____	Dance Floor _____	Saddle Animals _____
Basketball Court _____	Exercise Facilities _____	Sauna _____
Babysitter/Daycare _____	Hot Tub _____	Ski Lodge _____
Beaches _____	Lake/Pond (acres) _____	Swimming Pool _____
Biking/Jogging Trail (miles) _____	Park (acres) _____	Tanning Beds _____
Boat Dock/Slip _____	Parking Garage _____	Tennis Court _____
Clubhouse/Partyroom (Sq. ft.) _____	Playground _____	Water/Theme Park _____
Other (describe): _____		

1. If any live or automated entertainment (gambling machines, mechanical devices, etc.), describe type and frequency: _____

2. Do your promotional events (banquets, contests, etc.) or entertainment involve any special effects, i.e. lighting/sound, smoke, pyrotechnics, etc.? Yes No

If yes, describe: _____

COOKING EXPOSURE N/A

1. Type of exposure: Restaurant Bar Tavern Other: _____

	Yes	No
2. Does food preparation involve cooking? If yes, complete the following:	<input type="checkbox"/>	<input type="checkbox"/>
a. Are preparation and sanitation procedures followed to prevent food borne illness?	<input type="checkbox"/>	<input type="checkbox"/>
b. Indicate if the following are present and how often they are inspected and cleaned:		
(1) Filters, hoods, and ducts for all cooking areas: _____	<input type="checkbox"/>	<input type="checkbox"/>
(2) UL-approved fire extinguishing system: _____	<input type="checkbox"/>	<input type="checkbox"/>
(3) Fuel shut-off actuation of automatic fire protection system: _____	<input type="checkbox"/>	<input type="checkbox"/>
c. Is there tableside cooking or open pit barbeques?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you provide any off-premises catering?	<input type="checkbox"/>	<input type="checkbox"/>

LIQUOR EXPOSURE N/A

1. Limits requested: \$300,000/\$300,000 \$500,000/\$500,000 \$1M/\$1M \$1M/\$2M

2. Deductible requested: \$250 \$500 \$1,000 \$2,500

	Yes	No
3. Do your operations include the sale of liquor? If yes, complete the following:	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you have a liquor license?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you dispense or provide alcoholic beverages for off-premises events?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you ever had your liquor license revoked/suspended or received a citation/violation notice?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are all alcohol-serving employees certified in a Formal Alcohol Training Course ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide name of course (e.g. TIPS, TAM, RAMP, BEST, etc.): _____		
e. Are employees allowed to consume alcohol during their hours of employment?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are there written and enforced policies for intoxicated customers and minors?	<input type="checkbox"/>	<input type="checkbox"/>
g. Do you host an open bar that provides alcohol at no charge (e.g. Manager Happy Hour)?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, risk is ineligible for Liquor Liability coverage.</i>		
h. Do you have any package sales?	<input type="checkbox"/>	<input type="checkbox"/>
i. Do you sponsor any drink specials (i.e. 2-for-1, ladies' night, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe: _____		

SECURITY

1. Is security provided? Yes, Armed Yes, Non-armed No
 Security Offered: Patrol Gated/Property Access Burglary Alarm Systems Security Cameras
 Other: _____

2. Are background /reference checks required for all employees? Yes No

HISTORY

1. Have you declared bankruptcy (Chapters 7, 11 or 13) within the last 5 years? Yes No

2. Have you had any prior losses due to mold, fire, water, weather, slip & fall? Yes No

If yes, explain:

3. Describe all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 5 years. (Include dates and final payout, or if not closed, current reserve amount.)

4. Does the applicant desire Assault or Battery coverage? Yes No

If yes, has there been or are there currently any allegations, incidents, losses or claims for assault or battery?

Yes No

If yes, provide details:

If "Yes" to any questions above, provide details:

FRAUD STATEMENTS

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or 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 APPLICATION 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
