



BUSINESS OWNERS APPLICATION

DATE (MM/DD/YYYY)

AGENCY Guild Insurance Inc 3333 Warrenville Rd #200 Lisle IL 60532 E-MAIL ADDRESS: info@guildins.com CODE: 8093 AGENCY CUSTOMER ID: 00001336	PHONE (A/C, No, Ext): (630)613-9473	COMPANY				NAIC CODE
	FAX (A/C, No): (630)613-9674	COMPANY POLICY OR PROGRAM NAME				POLICY #:
					PROGRAM CODE: 8093	TOTAL PREMIUM: \$
	<input type="checkbox"/> NEW <input type="checkbox"/> RNWL	EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN	
	<input type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (DATE):	<input type="checkbox"/> ISSUE POLICY	POLICY TYPE <input type="checkbox"/> STD <input type="checkbox"/> SPEC <input type="checkbox"/>		DEPOSIT \$	

APPLICANT INFORMATION

NAME (First Named Insured)	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	<input type="checkbox"/> LLC <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER	GL CODE	SIC	FEIN OR SOC SEC #
MAILING ADDRESS (INCLUDING ZIP+4)	CONTACT FOR INSPECTION		PHONE (A/C, No, Ext):		
INTERNET ADDRESS:	CREDIT BUREAU NAME			ID NUMBER	

NATURE OF BUSINESS

<input type="checkbox"/> OFFICE <input type="checkbox"/> SERVICE	<input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE	<input type="checkbox"/> APARTMENTS <input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> RESTAURANT <input type="checkbox"/> CONTRACTOR	DATE BUSINESS STARTED
DESCRIPTION OF OPERATIONS				
RETAIL STORES: _____ % INSTALLATION, SERVICE OR REPAIR WORK				

GENERAL INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO	PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	<input type="checkbox"/>	<input type="checkbox"/>	8. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?	<input type="checkbox"/>	<input type="checkbox"/>
2. ARE ATHLETIC TEAMS SPONSORED?	<input type="checkbox"/>	<input type="checkbox"/>	9. ANY OTHER INSURANCE WITH THIS COMPANY? (LIST POLICY NUMBERS)	<input type="checkbox"/>	<input type="checkbox"/>
3. ARE SUB CONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING A CERTIFICATE OF INSURANCE? IF NOT, WHO CHECKS CERTIFICATES?	<input type="checkbox"/>	<input type="checkbox"/>	10. ARE YOU INVOLVED IN MANUFACTURING, MIXING, RELABELING OR REPACKAGING OF PRODUCTS?	<input type="checkbox"/>	<input type="checkbox"/>
4. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR 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? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	<input type="checkbox"/>	<input type="checkbox"/>	11. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (NOT APPLICABLE IN MO)	<input type="checkbox"/>	<input type="checkbox"/>	12. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
6. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>	<input type="checkbox"/>	13. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES OR CHEMICALS?	<input type="checkbox"/>	<input type="checkbox"/>
7. ANY WORKERS COMPENSATION CARRIED?	<input type="checkbox"/>	<input type="checkbox"/>	14. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	<input type="checkbox"/>
			15. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	<input type="checkbox"/>
			16. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIBE ANY LOCATION / BUSINESS INTEREST OWNED / OPERATED BY INSURED BUT NOT LISTED

PRIOR POLICY(IES)/LOSS HISTORY

See attached loss summary

PREVIOUS CARRIER	POLICY NUMBER	TOTAL PREMIUM	EXP DATE	# LOSSES LAST ___ YRS	TOTAL LOSSES \$
DESCRIPTION OF LOSSES, WHETHER OR NOT INSURED (Date, cause, amt paid, claim status)					

POLICY LEVEL COVERAGES

LIABILITY (Choose the limit options compatible with the program you are requesting)

COVERAGE	LIMIT	DED	COVERAGE	LIMIT	DED
COMBINED SINGLE LIMIT	\$		HIRED AUTO	\$	
BODILY INJURY & PROP DAMAGE	OCCURRENCE	\$	NON-OWNED AUTO	\$	
	AGGREGATE	\$	EMPLOYEE BENEFITS	\$	
MEDICAL EXPENSE (PER PERSON)	\$			\$	
DAMAGE TO RENTAL PREMISES	\$			\$	
PROFESSIONAL LIABILITY	\$			\$	
LIQUOR LIABILITY				\$	
	GEN. AGGREGATE	\$		\$	
	PER PERSON	\$		\$	
OTHER: _____	\$			\$	

ADDITIONAL COVERAGES - Total Amount of Policy Coverage Desired

COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s
EXTRA EXP	ACTUAL LOSS SUSTAINED	\$		COMPUTERS	\$	\$	
	\$			ORD OR LAW	\$	\$	
LOSS OF INC	ACTUAL LOSS SUSTAINED	\$		ERISA	\$	\$	
	NO. OF MONTHS			FLOOD	\$	\$	
VAL PAPERS	\$	\$		EARTHQUAKE	\$	\$	
ACCNTS REC	\$	\$		B & M BASIC	\$	\$	
SIGN	\$	\$		B & M BROAD	\$	\$	
EMPL DISHON	\$	\$		B & M SPOILAGE	\$	\$	
BRG/ROB STK	\$	\$		TRANSIT	\$	\$	
BRG/ROB MNY	\$	\$			\$	\$	
MONEY & SEC - INSIDE	\$	\$			\$	\$	
MONEY & SEC OUTSIDE	\$	\$			\$	\$	
SPOILAGE	\$	\$			\$	\$	

SPECIALTY PROGRAMS

RESTAURANTS - ATTACH ACORD 185 FOR EACH LOCATION

CONTRACTORS - ATTACH ACORD 186 FOR EACH LOCATION

PROFESSIONAL LIABILITY - ATTACH ACORD 187 FOR BARBER AND BEAUTY SHOPS, FUNERAL HOMES, OPTICAL AND HEARING AID ESTABLISHMENTS, PRINTERS OR VETERINARIANS

ADDITIONAL INTEREST

ACORD 45 ATTACHED

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					PREMISES:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
					ITEM DESCRIPTION:	

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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 CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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PREMISES		PREM #:	BLDG #:	BLANKET RATE	YES	NO	ACORD 139 ATTACHED		
ADDRESS (Street, City, State)		CHECK IF PRIMARY PREMISES		INTEREST	OWNER	PERCENTAGE OCCUPIED	SURROUNDING EXPOSURES & OTHER OCCUPANCIES		
				TENANT	YEAR BUILT	SQUARE FEET OCCUPIED	FRONT	RIGHT	
				PROT CLASS	RATE TERR	DISTANCE TO HYDRANT	REAR	LEFT	
COUNTY:		ZIP:				FIRE DISTRICT/CODE NUMBER	INSIDE CITY LIMITS?		
DESCRIPTION OF OPERATIONS AT THIS PREMISES		BUILDING DESCRIPTION					ANY AREA LEASED?	YES	NO
# OF EMPLOYEES		HOURS OF OPERATION		ANNUAL SALES/RECEIPTS		TOTAL PAYROLL			
		START TIME: CLOSING TIME:		\$		\$			
CLASS CODE	RATE #	RATE GROUP	DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES						

PROPERTY													
BLDG	LIMIT	% COINS	VALUATION:	RC	ACV	INFL %	\$	DED	CONSTRUCTION TYPE			TOT SQ FT AREA	
	\$			FVRC				DED					
PERS PROP	LIMIT	% COINS	VALUATION:	RC	ACV	(N/A)	\$	DED	# STORIES	% SPRNK	BASEMENT PRESENT?	YES	NO
	\$			FVRC				DED			IS IT FINISHED?	YES	NO
BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE	BLDG CODE GRADE	INSPECTED?	COMM	TAX CODE	WIND CLASS	SEMI-RESISTIVE		
							YES NO	SPEC		RESISTIVE			

LIABILITY - PREMISES COVERAGE ONLY (Choose the limit options compatible with the program you are requesting)											
COVERAGE		LIMIT		DED		COVERAGE		LIMIT		DED	
LIQUOR LIABILITY											
GEN. AGGREGATE		\$									
PER PERSON		\$									
OTHER: _____		\$									
		\$									
		\$									
		\$									
		\$									
		\$									
		\$									
CLASSIFICATION		CLASS CODE		PREMIUM BASIS EXPOSURE		CODE		(S) gross sales - per \$1,000/sales (P) payroll - per \$1,000/pay (A) area - per 1,000/sq ft (C) total cost - per \$1,000/cost (M) admissions - per 1,000/adm (U) unit - per unit (T) other			

ADDITIONAL COVERAGES - PREMISES COVERAGE ONLY - Total Amount of Coverage Desired											
COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s				
EXTRA EXP	ACTUAL LOSS SUSTAINED NO. OF MONTHS	\$		SPOILAGE	\$	\$					
				COMPUTERS	\$	\$					
LOSS OF INC	ACTUAL LOSS SUSTAINED NO. OF MONTHS	\$		ORD OR LAW	\$	\$					
				FLOOD	\$	\$					
VAL PAPERS	\$	\$		EARTHQUAKE	\$	\$					
ACCNTS REC	\$	\$		B & M BASIC	\$	\$					
SIGN	\$	\$		B & M BROAD	\$	\$					
EMPL DISHON	\$	\$		B & M SPOILAGE	\$	\$					
BRG/ROB STK	\$	\$		TRANSIT	\$	\$					
BRG/ROB MNY	\$	\$			\$	\$					
MONEY & SEC - INSIDE	\$	\$			\$	\$					
MONEY & SEC OUTSIDE	\$	\$			\$	\$					
GLASS	LOCATION IN BUILDING	# PLATES	AREA SQ FT	LENGTH LINEAR FT	GLASS TYPE	INTERIOR	TENANTS EXT	VALUE	DED		
	GROUND FLOOR GLASS							\$	\$		
	ABOVE GROUND FLOOR GLASS							\$	\$		

PREMISES GENERAL INFORMATION											
				YES	NO					YES	NO
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION)						4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED?					
2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE:						5. IS THERE A SWIMMING POOL ON PREMISES?					
3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE.						YES	FENCED LIMITED ACCESS	DIVING BOARD SLIDE	ABOVE GROUND IN - GROUND	LIFE GUARD	
						NO					

REMARKS (Attach additional sheets if more space is required)

APARTMENTS AND CONDOMINIUMS

	YES	NO		YES	NO	
1. IS THERE A PLAYGROUND ON PREMISES?			5. SMOKE DETECTIONS:	NONE	BATTERY	WIRED
2. IS ALUMINIUM WIRE USED? (IF YES, DESCRIBE PROTECTION)			6. ATTACH COPY OF CONDO ASSOCIATION BYLAWS IF D&O COVERAGE IS REQUESTED.			
3. # OF FIRE DIVISIONS:	# UNITS PER FIRE DIVISION:	# UNITS OWNER OCCUPIED:	7. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER?			
4. INDICATE WHERE COVERAGE APPLIES TO:	BARE WALLS	FINISHED WALLS	8. IS A PROPERTY MANAGER EMPLOYED?			

CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			SAFE/VAULT/RECEPTACLE MANUFACTURER'S NAME	LABEL
<input type="checkbox"/> HOLD-UP <input type="checkbox"/> PREMISES <input type="checkbox"/> SAFE/VAULT	<input type="checkbox"/> LOCAL GONG		SAFE/VAULT		PREMISES ALARM		<input type="checkbox"/> UL <input type="checkbox"/> SMNA CLASS
	<input type="checkbox"/> CNTRL STAT W/ KEYS		PARTIAL	1	2	3	
	<input type="checkbox"/> CNTRL STAT W/O KEYS		COMPLETE				
	<input type="checkbox"/> POLICE CONNECT		CERT #:	EXP DATE:			
MAXIMUM CASH ON PREMISES	MAXIMUM CASH WITH MESSENGER	MONEY ON PREMISES OVERNIGHT	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS?	SAFE DOOR CONSTRUCTION		
\$	\$	\$		YES	NO		
OTHER PROTECTION (Lighting, fences, watchpersons, etc)							

REMARKS (Attach additional sheets if more space is required)

ATTACHMENTS

[REMARKS AREA]	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td>STATE SUPPLEMENT(S) (If applicable)</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		STATE SUPPLEMENT(S) (If applicable)										
	STATE SUPPLEMENT(S) (If applicable)												



RESTAURANT/TAVERN SUPPLEMENT

DATE (MM/DD/YYYY)

<p>AGENCY</p> <p>PHONE (A/C, No, Ext): (630) 613-9473</p> <p>FAX (A/C, No.): (630) 613-9674</p> <p>E-Mail Address: info@guildins.com</p> <p>Guild Insurance Inc</p> <p>3333 Warrenville Rd #200</p> <p>Lisle IL 60532</p> <p>CODE: 8093 SUB CODE:</p> <p>AGENCY CUSTOMER ID: 00001336</p>	<p>APPLICANT (First Named Insured)</p> <hr/> <p>LOCATION OF PROPERTY (COMPLETE THIS SUPPLEMENT FOR EACH APPLICABLE LOCATION)</p> <hr/> <p>TYPE OF BUSINESS</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> RESTAURANT</td> <td><input type="checkbox"/> FAMILY STYLE</td> <td><input type="checkbox"/> NIGHTCLUB</td> </tr> <tr> <td><input type="checkbox"/> DINER</td> <td><input type="checkbox"/> BANQUET HALL</td> <td><input type="checkbox"/> BED & BREAK-FAST INN</td> </tr> <tr> <td><input type="checkbox"/> FAST FOOD</td> <td><input type="checkbox"/> TAVERN</td> <td><input type="checkbox"/> OTHER</td> </tr> </table> <p><input type="checkbox"/> FRANCHISED <input type="checkbox"/> NOT FRANCHISED <input type="checkbox"/> SEASONAL <input type="checkbox"/> YEAR ROUND</p> <hr/> <p>HOURS OF OPERATION</p>	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> FAMILY STYLE	<input type="checkbox"/> NIGHTCLUB	<input type="checkbox"/> DINER	<input type="checkbox"/> BANQUET HALL	<input type="checkbox"/> BED & BREAK-FAST INN	<input type="checkbox"/> FAST FOOD	<input type="checkbox"/> TAVERN	<input type="checkbox"/> OTHER
<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> FAMILY STYLE	<input type="checkbox"/> NIGHTCLUB								
<input type="checkbox"/> DINER	<input type="checkbox"/> BANQUET HALL	<input type="checkbox"/> BED & BREAK-FAST INN								
<input type="checkbox"/> FAST FOOD	<input type="checkbox"/> TAVERN	<input type="checkbox"/> OTHER								

GENERAL INFORMATION

	YES	NO		YES	NO
<p>1. OWNER OR CORPORATION NOW OR IN THE PAST INVOLVED IN</p> <p><input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> TAX LIEN <input type="checkbox"/> ANY LITIGATION</p> <p><input type="checkbox"/> FORECLOSURE <input type="checkbox"/> BUSINESS FAILURE</p>			10. ORIGINAL USE AND SUBSEQUENT OCCUPANCIES OF THE BUILDING		
<p>2. IS ANY ENTERTAINMENT PROVIDED? IF YES, ANSWER QUESTIONS 3-9.</p>			11. ANY STAIRWAYS, ELEVATORS OR ESCALATORS ON PREMISES?		
<p>3. NIGHTS OF WEEK</p> <p><input type="checkbox"/> MONDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SUNDAY</p> <p><input type="checkbox"/> TUESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> SATURDAY</p>			12. SEATING CAPACITY:		
4. AGE OF CLIENTELE:			13. IF ALCOHOLIC BEVERAGES ARE SOLD, IS SERVICE RESTRICTED TO BEER AND WINE ONLY?		
5. TYPE OF ENTERTAINMENT			14. SEASONAL?		
<p><input type="checkbox"/> ROCK GROUP <input type="checkbox"/> DJ <input type="checkbox"/> BAND (ANY KIND)</p> <p>OTHER (DESCRIBE):</p>			15. ANY GRILLING, DEEP FAT FRYING, OPEN BROILING, ROASTING?		
6. DOES A DANCE FLOOR EXIST? IF YES, SHOW AGE GROUPS:			16. ANY TABLESIDE COOKING?		
<p><input type="checkbox"/> UNDER 21 <input type="checkbox"/> 21-40 <input type="checkbox"/> OVER 40</p>			17. HAS BUSINESS BEEN IN OPERATION LESS THAN 5 YEARS AT THIS LOCATION? IF YES, DESCRIBE PRIOR EXPERIENCE OF OWNER/MANAGER.		
7. IS DANCING PERMITTED?			18. NUMBER OF EMPLOYEES		
8. BOUNCERS OR DOORMEN? IF YES, EXPLAIN WHY.			FULL TIME: _____ PART TIME: _____		
9. AMUSEMENT DEVICES (POOL TABLES, VIDEO GAMES, GAMBLING, ETC)? IF YES, # AND DESCRIPTION.			19. IS THE BUILDING OWNER TO BE NAMED AS AN ADDITIONAL INSURED AS INTEREST MAY APPEAR? IF YES, PROVIDE BUILDING OWNER NAME AND ADDRESS.		

BED & BREAKFAST INN ONLY

	YES	NO		YES	NO
1. NAME OF INN			7. DOES INN PROVIDE GUESTS WITH ANY SPORTS EQUIPMENT, INCLUDING BOATS, BICYCLES, MOTORCYCLES OR HORSES? IF YES, DESCRIBE.		
2. IS INN OPERATED BY OWNER(S) AND OCCUPIED AS A PERMANENT RESIDENCE BY OWNER(S)? IF NOT, PROVIDE NAME AND EXPERIENCE OF OPERATOR.			8. WHERE ARE CLEANING SOLVENTS STORED?		
3. NUMBER OF GUEST ROOMS:			9. IS CLEANING SOLVENT CABINET LOCKED OR STORED OUT OF REACH OF CHILDREN?		
4. HAS PROPERTY BEEN DESIGNATED A HISTORICAL MARKER?			10. ARE ADEQUATE SMOKE ALARMS INSTALLED?		
5. WOODBURNING STOVE OR FIREPLACE INSERT? IF YES, NAME OF MANUFACTURER: DATE INSTALLED:					
6. DESCRIBE EMERGENCY LIGHTING SYSTEMS					

KITCHEN FIRE PROTECTION

1. U.L. 300 APPROVED AUTOMATIC EXTINGUISHING SYSTEM UNDER MAINTENANCE CONTRACT? IF YES, # MONTHS: _____	YES	NO	5. BC AND K EXTINGUISHERS AVAILABLE IN KITCHEN?		
2. DOES ABOVE SYSTEM COVER ALL COOKING SURFACES? IF YES, NAME OF SYSTEM: _____			6. HOODS AND DUCTS OVER ALL COOKING EQUIPMENT?		
3. AUTOMATIC GAS OR ELECTRIC SHUT OFFS FOR COOKING?			7. HOODS AND DUCTS MAINTENANCE CONTRACT SCHEDULE? # MONTHS: _____		
4. HOOD AND FILTERS CLEANED WEEKLY BY STAFF?			8. ADEQUATE CLEARANCE BETWEEN HOODS, DUCTS, COOKING EQUIPMENT AND COMBUSTIBLE MATERIALS?		

GENERAL LIABILITY

1. RECEIPTS (LAST 3 YEARS)	YES	NO	5. LODGING OPERATIONS OTHER THAN APARTMENTS? IF YES, DESCRIBE.	YES	NO
Year	FOOD	LIQUOR	OTHER		
Year	\$	\$	\$		
Year	\$	\$	\$		
2. SQUARE FOOTAGE: TOTAL BUILDING: _____ APARTMENTS: _____ RESTAURANT: _____ # APARTMENTS: _____			6. ANY OTHER ON OR OFF PREMISES EXPOSURES NOT LISTED ABOVE? IF YES, DESCRIBE.		
3. OFF PREMISES PARKING? IF YES, ADDRESS: _____			7. ADEQUATE EMERGENCY EXITS PROVIDED, EQUIPPED WITH PANIC HARDWARE?		
		SQUARE FOOTAGE	8. NON-OWNED AUTOMOBILE? IF YES, # OF EMPLOYEES: _____		
4. ON OR OFF PREMISES CATERING/BANQUET? IF YES: _____ % OF TOTAL RECEIPTS: _____ DESCRIBE CATERING OPERATION _____			9. VALET PARKING? IF YES, IS GARAGE KEEPER LIABILITY REQUIRED?		
			10. ANY DELIVERIES? IF YES, DESCRIBE.		

LIQUOR LIABILITY

	YES	NO		YES	NO
1. DOES APPLICANT SERVE ALCOHOL?			8. # OF BARS ON PREMISES: IS THERE A STEADY BAR CLIENTELE?		
2. DOES APPLICANT HAVE LIQUOR LICENSE? IF YES, TYPE AND #: _____			9. IS THERE A HAPPY HOUR? REDUCED PRICE DRINKS?		
3. DOES APPLICANT SELL PACKAGE GOODS? IF YES, % OF LIQUOR RECEIPTS: _____			10. IS A LAST CALL GIVEN? IF YES, WHAT TIME?		
4. # OF BARTENDERS: _____ # OF WAITERS/WAITRESSES: _____ AVG LENGTH OF EMPLOYMENT: _____			11. ARE SHOTS GIVEN? SHOTS SPECIALS?		
5. ARE EMPLOYEES GIVEN LIQUOR TRAINING? IF YES, EXPLAIN TYPE AND WHEN TRAINED. _____			12. HAVE THERE BEEN ANY LIQUOR BOARD VIOLATIONS? IF YES, LIST ALL VIOLATIONS.		
6. DOES APPLICANT HAVE WRITTEN POLICY ON SERVING ALCOHOL FOR EMPLOYEES AND CUSTOMERS?					
7. IS MANAGEMENT NOTIFIED PRIOR TO SHUTTING OFF PATRONS? IS DOCUMENTATION KEPT ON EACH INCIDENT?					

FINANCIAL INFORMATION - MOST RECENT 12 MONTH PERIOD

TOTAL OPERATING EXPENSES (FOOD AND LIQUOR ONLY)	\$
TOTAL OPERATING EXPENSES (OTHER THAN COST OF FOOD AND LIQUOR)	\$
NET PROFIT OR LOSS (IF LOSS, ATTACH FINANCIAL STATEMENT)	\$
ACCOUNTS PAYABLE	\$
NOTES PAYABLE (NOT TO BANKS)	\$
BANK LOANS PAYABLE	\$

REMARKS

ATTACHMENTS

	FINANCIAL STATEMENT
	PHOTOS

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