

RETAIL/SERVICE BUSINESSOWNERS APPLICATION



FARMERS
BUSINESS INSURANCE

Date: _____

<input type="checkbox"/> New Business <input type="checkbox"/> Quote <input type="checkbox"/> Endorse/Change <input type="checkbox"/> Submit for Approval	Quote Number: _____
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<input type="checkbox"/> Mid Century Insurance Co. <input type="checkbox"/> Truck Insurance Exchange <input type="checkbox"/> Farmers Insurance Exchange	Policy Number: _____
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Effective Date: _____	Expiration Date: _____	Agent Number: _____
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Applicant Information

Applicant Name: _____	Retail / Service Program Type:
DBA: _____	<input type="checkbox"/> Food Store <input type="checkbox"/> Dry Cleaner <input type="checkbox"/> Hardware/Home Improvement <input type="checkbox"/> Repair Shop <input type="checkbox"/> Printer/Photocopier/Duplicator <input type="checkbox"/> Retail Store <input type="checkbox"/> Professional or Medical Office <input type="checkbox"/> Service Provider
Mailing Address: _____	

City: _____	Account # (FEIN/SSN): _____
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State: _____	Zip: _____	SIC Code: _____
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Phone Number: _____	<input type="checkbox"/> Primary Package <input type="checkbox"/> Premier Package
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Business Entity: Individual Partnership Corporation Other (Describe): _____

**Location Information (If different than above)
(If more than two locations, use additional application)**

L O C 0 0 1	Address: _____	County (TX only): _____
		Distance (miles) from Coastline (AL, TX and VA only): _____
	City: _____ State: _____ Zip: _____	

Coverages, Limits and Building Information

Building: \$ _____	Liability Limit: \$ _____	Year Built	Year Renovated	Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non Combustible <input type="checkbox"/> Masonry Non-Comb. <input type="checkbox"/> Mod Fire Resistive <input type="checkbox"/> Fire Resistive
Contents: \$ _____				
Deductible \$ _____	Territory: _____	Protection Class: _____		
Wind and Hail Deductible (where applicable): 1% 2% 5% 100%	Annual Building Increase (if other than 6%): 2% 4% 8% 10%			
<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied <input type="checkbox"/> Sprinklered <input type="checkbox"/> Non-Sprinklered				

L O C 0 0 2	Address: _____	County (TX only): _____
		Distance (miles) from Coastline (AL, TX and VA only): _____
	City: _____ State: _____ Zip: _____	

Coverages, Limits and Building Information

Building: \$ _____	Liability Limit: \$ _____	Year Built	Year Renovated	Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non Combustible <input type="checkbox"/> Masonry Non-Comb. <input type="checkbox"/> Mod Fire Resistive <input type="checkbox"/> Fire Resistive
Contents: \$ _____				
Deductible \$ _____	Territory: _____	Protection Class: _____		
Wind and Hail Deductible (where applicable): 1% 2% 5% 100%	Annual Building Increase (if other than 4%): 2% 6% 8% 10%			
<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied <input type="checkbox"/> Sprinklered <input type="checkbox"/> Non-Sprinklered				

Describe the business operations. (What does the applicant do at the insured location(s)).

Package Coverages with Optional Higher Limits Available

Coverage	Optional Higher Limit	Coverage	Optional Higher Limit
Outdoor Signs		Off Premises Personal Property	
Accounts Receivable		Fire Legal / Tenants Liability	
Valuable Papers		Money & Securities	
Computer Coverage - Hardware		Spoilage (Available on Food Stores only)	
Computer Coverage - Media and Records			
Employee Dishonesty	Number of Employees: _____	Bailee Coverage (Higher limits are available on Dry Cleaners and Repair Shops only. Higher limits also available for Printers if Premier Package is selected).	
Pollutant Cleanup and Removal (Premier only)		Outdoor Trees, Shrubs and Plants (Premier only)	

Optional Coverages/Limits

Coverage	Limits		Coverage	Limits	
	LOC 001	LOC 002		LOC 001	LOC 002
Earthquake - Building			Glass Deductible Buy Back		
Earthquake - Contents			Hired Auto Liability		
Building Ordinance Cov. A			Non-Owned Auto Liability		
Coverage B			Back Up of Sewer and Drain		
Coverage C			Barbers/Beauticians Liability		
Spoilage (available on Retail Stores only)			Liquor Liability (available on Food and Retail Stores only)		
Tenants Exterior Glass (Premier only)			Outdoor Fences and Walls (Premier only)		
Earthquake Sprinkler Leakage			Fine Arts Coverage (Premier only)		
Tenant's Improvements and Betterments			Transportation Coverage		
Utility Services - Time Element					

Additional Insureds / Mortgagees

Name and Address:	Mortgagee	Loss Payee	Additional Insured
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prior Loss History

Policy Period	Carrier:	Premium:	Losses:	Reserves:	Number of Claims:
Past 12 Months:	_____	_____	_____	_____	_____
13-24 Months:	_____	_____	_____	_____	_____
25-36 Months:	_____	_____	_____	_____	_____

Loss History Remarks:

General Information
(Explain any YES responses in Remarks section below)

1. During the past three years, has any coverage been canceled, non-renewed, declined or placed in Surplus Lines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How many years management experience does the applicant have in this industry?	_____
3. During the last 10 years, has any applicant, partner or principal stockholder had a suspicious or arson related fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are any special events sponsored such as carnivals, a uto racing, outdoor events, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there any security hazards such as dogs, firearms, or other weapons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are there any locations or business interests which are owned by the applicant but not shown on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Were photos taken of this risk? 7A. If YES, are photos being retained in the Agent's office? 7B. If YES, what is the number of photos for reimbursement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Nbr: _____
8. Loss Control contact name:	Phone Number:

Remarks (Explain any YES responses for Questions 1-6. Please include question number.)

Liability Underwriting Data (Explain any YES responses in Remarks section.)

9. Are there any unusual hazards at any location such as a pond, swimming pool, waterway or playground rides?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the applicant directly import any merchandise from foreign countries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are guns or ammunition sold at any location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are 10% or more of receipts generated from equipment rental?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does the risk derive any income from the rental of hazardous equipment such as lawnmowers, chain saws, power tools, ladders, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do 25% or more of the employees work off premises? (Only count those employees who spend at least 10% of their time off premises.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are alcoholic beverage sales greater than 40% of receipts at any location?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks (Explain any YES responses for questions 9-15. Please include the question number.)

Underwriting Information Location 001

L O C	Annual Sales/Receipts:	Number of Employees:	Total Payroll:	Date Business Started at this Location (month and year):	
	Building Improvements (Complete only if the building has been upgraded since year built / renovated.)				
0 0 1	Wiring Year:	Roofing Year:	Plumbing Year:	Heating Year:	Other (describe):
	Insured Location Information				
Distance to Hydrant: Ft.	Distance to Fire Station: Mi.	Total Building Square Footage:	Roof Type:	# Stories:	Marshall & Swift Building Value:
Property Underwriting Data (Explain any YES responses in Remarks section.)					
1. Indicate type of alarm(s). ("X" all that apply.)					
<input type="checkbox"/> Hold Up <input type="checkbox"/> Police Connect <input type="checkbox"/> Burglar <input type="checkbox"/> Safe Protection <input type="checkbox"/> Central Station <input type="checkbox"/> UL Listed w/ Certificate <input type="checkbox"/> Local Gong <input type="checkbox"/> Other (Describe) _____					
2. Is any cooking done at this location using a grill or deep fryer?					<input type="checkbox"/> Yes <input type="checkbox"/> No

L O C 0 0 1	3. Do any of the surrounding or nearby occupancies present an increased hazard for the applicant or the insured premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4. Complete the following only if Earthquake coverage is being requested at this location. 4A. Are there any signs of pre-existing damage? 4B. Is the risk located on a hillside? 4C. Does the risk have a soft first floor (above ground parking under all or part of the structure) or other design feature which would contribute to collapse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	Remarks (Explain any YES response for questions 1-4. Please include the question number.)	

Underwriting Information Location 002

L O C 0 0 2	Annual Sales/Receipts:	Number of Employees:	Total Payroll:	Date Business Started at this Location (month and year):
	Building Improvements (Complete only if the building has been upgraded since year built / renovated.)			
	Wiring Year:	Roofing Year:	Plumbing Year:	Heating Year:

Insured Property Location Information

Distance to Hydrant: Ft.	Distance to Fire Station: Mi.	Total Building Square Footage:	Roof Type:	# Stories:	Marshall & Swift Building Value:
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Property Underwriting Information (Explain any YES responses in Remarks section.)

1. Indicate type of alarm(s). ("X" all that apply.) <input type="checkbox"/> Hold Up <input type="checkbox"/> Police Connect <input type="checkbox"/> Burglar <input type="checkbox"/> Safe Protection <input type="checkbox"/> Central Station <input type="checkbox"/> UL Listed w/ Certificate <input type="checkbox"/> Local Gong <input type="checkbox"/> Other (Describe) _____	
2. Is any cooking done at this location using a grill or deep fryer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do any of the surrounding or nearby occupancies present an increased hazard for the applicant or the insured premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Complete the following only if Earthquake coverage is being requested at this location. 4A. Are there any signs of pre-existing damage? 4B. Is the risk located on a hillside? 4C. Does the risk have a soft first floor (above ground parking under all or part of the structure) or other design feature which would contribute to collapse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks (Explain any YES response for questions 1-4. Please include the question number.)	

Cross Marketing Opportunities

Are there companion "Farmers" policies on this account? If YES, indicate policy number. If NO, indicate X-Date of the current policy.		Policy Number:	X-Date:
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Umbrella	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Employment Practices Liability Insurance (EPLI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Business Life	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Personal Lines	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Notice of Insurance Information Practices
Personal information about you may be collected from persons other than you. 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. 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 instruction on how to submit a request to us.

Any person who knowingly and with intent to defraud any insurance company or another person files and application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties. *Not applicable in Nebraska or Virginia.*

Virginia - It is a crime to provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicant's Signature:	Producer's Signature:
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