

# Business Owners Application - Vape Shops/Smoke Shops

(Complete for Each Business Location)

- 1.1 Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Website: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
County: \_\_\_\_\_ Square Feet \_\_\_\_\_ Gross Receipts this Location \_\_\_\_\_
- 1.2 Your Business structure:  Corporation  LLC  Sole Proprietorship  Partnership
- 1.3 Does this location sell liquor? **Yes**  **No**  If yes, please provide % of receipts for these sales: \_\_\_\_\_
- 1.4 Provide your days/hours of operation: \_\_\_\_\_
- 1.5 List types of items sold: \_\_\_\_\_

- 1.6 Does this location have a hookah lounge? **Yes**  **No**  If yes, please check off if there are any of the following:  **Live Music/DJs**  **Bouncers/Doormen**  **Liquor Served**  **Fresh Food Served/Sold**

## **PROPERTY SECTION**

## **MUST INSURE FOR 90% OF THE REPLACEMENT COST**

- 2.1 Age of building: \_\_\_\_\_ Construction: \_\_\_\_\_ Number of stories: \_\_\_\_\_
- 2.2 If building is over 20 years old, when were the following upgraded? **(\*) Information is Required**  
\*Roof: \_\_\_\_\_ \*Plumbing: \_\_\_\_\_ \*Wiring: \_\_\_\_\_ Sprinklers: \_\_\_\_\_
- 2.3 \*Is there a Central Station Burglar Alarm? **Yes**  **No**  If yes, name of alarm provider: \_\_\_\_\_  
\*If yes, is the aforementioned alarm inside of your unit, active, and in your control? **Yes**  **No**   
*NOTE: Theft is excluded if there is no active Central Station Burglar Alarm monitored by an alarm provider and may still be limited upon use of an alarm.*
- 2.4 Other Occupancies in building? (Describe) \_\_\_\_\_
- 2.5 Adjoining Occupancies: LEFT: \_\_\_\_\_ RIGHT: \_\_\_\_\_
- 2.6 Approximate distance from fire station: \_\_\_\_\_ Distance from fire hydrant: \_\_\_\_\_
- 2.7 Name & address of loss payee: \_\_\_\_\_

## **COVERAGES DESIRED**

**CONTENTS** – Limit Needed: \$ \_\_\_\_\_  
**TENANT IMPROVEMENTS** – Limit Needed: \$ \_\_\_\_\_  
**BUILDING (You Own)** – Limit Needed: \$ \_\_\_\_\_  
**EARNINGS** – Monthly Amount: \$ \_\_\_\_\_ For how many months? \_\_\_\_\_  
**SIGN** – Limit Needed: \$ \_\_\_\_\_

## **CLAIMS/HISTORY**

- 3.1 List all property claims in the past 5 years, whether or not insured: \_\_\_\_\_
- 3.2 Current property insurance carrier, policy number: \_\_\_\_\_

# Business Owners Application

PART IV. HISTORY

**NOTE:** All questions must be answered. **Failure to disclose claims history could invalidate coverage.**

4.1 Do you currently have insurance coverage?  Yes  No If yes, indicate the following:

<i>Insurer</i>	<i>Policy #</i>	<i>Liability Limits</i>	<i>Premium</i>	<i>Exp. Date</i>
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If claims made, most recent retroactive date: \_\_\_\_\_

4.2 List liability claims history arising from any business or other professional activity, whether or not insured; If none, state so \_\_\_\_\_

<i>YR/Claim</i>	<i>Nature of injuries</i>	<i>Equip. Involved</i>	<i>Details, if Pending</i>	<i>Amt. if settled</i>
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4.3 Do you have knowledge of an event, circumstance or occurrence (other than listed in 4.2 above) prior to the effective date of the proposed policy, or do you foresee that a claim may be brought as a result of said event, circumstance or occurrence?  Yes  No. If yes, describe details of the event:

I understand and agree this Application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release all Lloyd's of London participating syndicates, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

**THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING.  
SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE  
BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY**

APPLICANT SIGNATURE	TITLE	
DATE	REQUESTED EFFECTIVE DATE	LIABILITY LIMIT REQUESTED

ADDITIONAL INSURED: @ \$50 Certificate Holder (Landlord or Lessor) If necessary, add other names on separate paper.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Relationship to your business (Landlord, lienholder): \_\_\_\_\_