

Business Owners Application - Vape Shops/Smoke Shops

(Complete for Each Business Location)

- 1.1 Applicant Name: _____ Phone: _____
 Business Name: _____ Email : _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Business Address: _____
 County: _____ Square Feet: _____
- 1.2 Gross Receipts: Prior 12 months: _____ Next 12 Months: _____
- 1.3 Your Business structure: Corporation LLC Sole Proprietorship Partnership
- 1.4 Does this location sell liquor? Yes No If yes, please provide % of receipts for these sales: _____%
- 1.5 Does this location mix and/or manufacture any e-liquids? Yes No
 If yes, please provide % of receipts for these sales: _____%
- 1.6 Provide your days/hours of operation: _____
- 1.7 List types of items sold: _____

- 1.8 Does this location have a hookah lounge and/or vaping area? Yes No
 If yes, please check off if there are any of the following:
- Live Music/DJs Bouncers/Doormen Fresh Food Served/Sold
 Liquor Served Dance Floor Cover Charge

PROPERTY SECTION

NOTE: 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: Yes No
- 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

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

3.1 List all property claims in the past 5 years, whether or not insured: **No Claims**

3.2 List liability claims history arising from any business or other professional activity, whether or not insured: **No Claims**

YR/Claim Nature of injuries Equip. Involved Details, if Pending Amt. if settled

3.3 Do you have knowledge of an event, circumstance or occurrence (other than listed in 3.2 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: _____

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

Insurer Policy # Liability Limits Premium Exp. Date

If claims made, most recent retroactive date: _____

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

Insurer Policy # Property Limits Premium Exp. Date

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): _____