
RETAIL / MERCANTILE STORE APPLICATION

To OBTAIN A QUOTATION OR COVERAGE ALL QUESTIONS MUST BE ANSWERED

1. NAME OF APPLICANT: _____ SSN: _____

DBA: _____

MAILING ADDRESS: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

2. INSPECTION CONTACT: _____ PHONE: _____

3. LOCATION OF RISK: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

4. EXPIRING CARRIER: _____ EXP DATE: _____ PREMIUM: _____

5. CLASSIFICATION OF RISK (PLEASE LIST (I.E., CLOTHING STORE, CELLULAR STORE, DOLLAR STORE)):

6. NUMBER OF YEARS AT LOCATION: _____

IF LESS THAN 3 YRS AT THIS LOCATION, LIST PREVIOUS EXPERIENCE: _____

7. DOES OWNER OPERATE & MANAGE THIS STORE? YES NO

8. IS APPLICANT OPEN NOW? YES NO IF "NO", EXPLAIN: _____

9. IS APPLICANT, OWNER OR CORPORATION NOW OR EVER INVOLVED IN: NONE

BANKRUPTCIES FORECLOSURES TAX LIENS BUSINESS FAILURES ANY LITIGATIONS

IF YES, PLEASE EXPLAIN: _____

10. BUILDING SECTION: _____ PROTECTION CLASS: _____

YEAR OF BUILDING: _____ CONSTRUCTION: _____ NO. OF STORIES: _____

YEAR OF: WIRING: _____ PLUMBING: _____ HEATING: _____ ROOFING: _____

EMERGENCY LIGHTING? YES NO

CIRCUIT BREAKERS? YES NO

SMOKE DETECTORS? YES NO IF YES ⇨ ELECTRIC BATTERY POWERED

FIRE ALARM? YES NO IF YES ⇨ TYPE: _____

BURGLAR ALARM? YES NO IF YES ⇨ TYPE: _____

SPRINKLER SYSTEM? YES NO IF YES ⇨ AGE: _____ TYPE: _____

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11. SUPPLEMENTAL INFORMATION:

- ANY POLICY AND/OR COVERAGE DECLINED OR CANCELLED IN THE PAST 3 YRS?
DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?
WITHIN THE LAST TWELVE (12) MONTHS, HAVE YOU BEEN CITED WITH ANY FIRE AND/OR BUILDING CODE VIOLATIONS?
COPPER WIRING AND CIRCUIT BREAKERS THROUGHOUT BUILDING?
COPPER PLUMBING THROUGHOUT?
ANY WOOD SHAKE ROOFING OR MANSARD?
ANY MARINAS, MARINA OPERATIONS OR BOAT SLIPS?
ANY PRIOR CONSTRUCTION DEFECTS OR MOLD EVIDENCE UNCOVERED?
ANY ON-SITE STORAGE OF CHEMICALS OR HAZARDOUS MATERIALS BY A TENANT?
HVAC SYSTEM UNDER MAINTENANCE CONTRACT?
DO YOU HAVE A SERVICE CONTRACT FOR FIRE PROTECTION EQUIPMENT?
DO YOU REQUIRE YOUR TENANTS TO PROVIDE INSURANCE FOR THEIR RENTAL UNITS?
DO YOU REQUIRE YOUR COMMERCIAL TENANTS TO PROVIDE INS. FOR THEIR UNITS?
DO YOU RUN BACKGROUND CHECKS ON TENANTS PRIOR TO RENTING?

12. GENERAL INFORMATION

- IN THE LAST 12 MONTHS HAVE ANY EMERGENCY SERVICES BEEN CALLED (I.E., POLICE, FIRE)
IF YES, EXPLAIN:
DO YOU PROVIDE DELIVERY SERVICE?
PLAYGROUNDS OR PLAYROOMS?
FIREARMS ON PREMISES?
BUSINESS SEASONAL?
NEIGHBORHOOD CRIME & V&MM EXPOSURE
HOURS OF OPERATION: MON: TUES: WED: THURS: FRI: SAT: SUN:

13. PROPERTY SECTION:

- DOES APPLICANT OWN BUILDING?
BUILDING LIMIT: \$
CONTENTS LIMIT: \$
BUSINESS INCOME LIMIT: \$
BUSINESS INCOME WITH EXTRA EXPENSE
GLASS BREAKAGE:
PROPERTY COVERAGE EXTENSION ENDORSEMENT:
(INCLUDES COVERAGE FOR CRIME-M&S, OUTDOOR PROPERTY, PERS PROP OF OTHERS, SPOILAGE & VALUABLE PAPERS)

14. GENERAL LIABILITY SECTION:

OCCURRENCE LIMIT: \$ _____ AGGREGATE: \$ _____

ESTIMATED ANNUAL RECEIPTS: \$ _____

SQUARE FOOTAGE: TOTAL BUILDING: _____ SQ FT
TOTAL STORE: _____ SQ FT CUSTOMER AREA: _____
APARTMENTS: _____ NUMBER OF UNITS: _____

OFF PREMISE PARKING: YES NO IF YES ⇨ LIST ADDRESS AND SQUARE FOOTAGE: _____

15. ADDITIONAL INTERESTS:

MORTGAGEE AND ADDRESS 1ST _____

CHECK IF NONE 2ND _____

ADDITIONAL INSUREDS 1ST _____

CHECK IF NONE 2ND _____

LOSS PAYEES 1ST _____

CHECK IF NONE 2ND _____

16. CLAIMS SECTION:

LIST ALL CLAIMS FOR THE PAST FIVE (5) YEARS (MUST INCLUDE HARD COPY LOSS RUNS):

PROPERTY CLAIMS: _____

GENERAL LIABILITY CLAIMS: _____

I DELARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE OR SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO FINES AND/OR IMPRISONMENT. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

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 REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

SIGNATURE OF APPLICANT DATE

SIGNATURE OF PRODUCING AGENT AGENCY NAME AND ADDRESS