Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Description: ***Sole Proprietor Partnership Corporation LLC***  Federal Id #:\_\_\_\_ -\_\_\_\_\_\_\_\_\_\_\_\_

Business Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (i.e. retail – bakery, ice cream store, etc.)

Contact Info: Store# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RBA Membership # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Current Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year Opened: \_\_\_\_\_\_\_\_

Current Premiums: Property/Liability $\_\_\_\_\_\_\_\_\_\_ Workers comp $\_\_\_\_\_\_\_\_\_\_ Auto $ \_\_\_\_\_\_\_\_\_

1. Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stand alone building  Located in a strip center  Other, Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Building is  Owned  leased Sole Occupant:  No  Yes

Building Limit $\_\_\_\_\_\_\_\_\_\_ Contents Limit $\_\_\_\_\_\_\_\_\_\_\_\_ (Include Building improvements)

Deductible:  $500  $1,000  $2,500  $ \_\_\_\_\_\_\_\_\_\_

Flood, Earthquake or Liquor Liability  No  Yes

1. Construction Type

Frame  Brick/Masonry(wood frame)  Non-combustible(steel frame, no wood)

# of Stories:\_\_\_\_\_\_\_\_ Building Sprinklered?  No  Yes

Basement?  No  Yes \*\*   Finished  Unfinished

1. Square Footage

Sq footage Occupied by you:\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupied by others:\_\_\_\_\_\_\_\_\_\_\_

List other Occupants(Retail/Office or other):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apartments Attached?  No  Yes # of Units:\_\_\_\_\_\_\_\_\_

1. Year Built: \_\_\_\_\_\_ (If over 20 yrs - Yr Updated): Roof: \_\_\_ Electric: \_\_\_ Plumbing: \_\_\_ Heating: \_\_\_\_

Heating Source:  Gas  Electric  Forced Air  Boiler

1. Annual Sales: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Retail \_\_\_\_% Wholesale \_\_\_\_\_% Catering \_\_\_\_\_%
2. Cooking Fire Suppression System (if applicable):  Ansul System?  UL-300  None
3. Outdoor property including signs, not attached to the building?  No  Yes - Value $ \_\_\_\_\_\_\_\_\_\_
4. Workers Comp Info

Payroll: Bakery (2003): $\_\_\_\_\_\_\_\_ Retail (8017): $\_\_\_\_\_\_\_\_\_\_ Clerical (8810): $\_\_\_\_\_\_\_\_\_\_

Experience Mod (if known): \_\_\_\_\_\_\_\_ Owners/Officers:  Included  Excluded

1. Business Auto

List Vehicles (year, make, model): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Add-ons? (i.e. Refrigerator, signage) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver Info (name, DOB, license #, state licensed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

1. Any losses in the last 3 years? If so describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ /\_\_\_ / \_\_\_\_\_

Signature Date



\*Use back side for any additional information\*