

EUROPEAN-AMERICAN INC.
Business Owners Insurance Questionnaire

APPLICANT INFORMATION

Name _____ <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other Years in Business: _____ Federal ID Number _____ Web Page: _____	Contact Name: _____ Telephone: _____ Fax: _____ Proposed Effective Date: _____
United States Address: _____	

Nature of Business: Office Service Retail Wholesale Apartments Condominiums Contractors
 No. of Employees _____ Hours of Operation _____ Estimated Annual Sales \$ _____

Description of Operations &/or Products Manufactured or Distributed. If necessary, please use separate sheet of paper and please provide brochures if possible.

PROPERTY

Location to be insured (Street, City, State) **Interest:** Tenant Owner Area Occupied _____ Square Feet _____ %
 Year Built _____ Total Square Feet _____ No. of Stories _____ Sprinklered _____
 Basement Present _____ Is it finished _____ Construction Type _____
 Surrounding Exposures and Other Occupancies: _____

Building Improvements: Wiring/Year _____ Roofing/Year _____ Plumbing/Year _____ Heating/Year _____ Roof Material _____

Limits of Insurance Building \$ _____ Deductible \$ _____ Replacement Cost Actual Cash Value
Required: Personal Property \$ _____ Deductible \$ _____ Replacement Cost Actual Cash Value

LIABILITY

Limit Options:

Combined Single Limit	\$ _____	Hired Auto & Non-Owned Auto	\$ _____
Bodily Injury & Property Damage	Each Occurrence Annual Aggregate	Employee Benefits	\$ _____
Medical Expense (per Person)	\$ _____	Liquor Liability	\$ _____
Fire Legal Liability	\$ _____		
Deductible:	\$ _____	_____ % applicable to	_____

WORKERS COMPENSATION - Please see separate questionnaire.

ADDITIONAL COVERAGES

Coverage	Amount	Deductible	Coverage	Amount	Deductible	Coverage	Amount	Deductible
Extra Expense	\$	\$	Burg/Rob Stock	\$	\$	ERISA	\$	\$
Loss of Income			Burg/Rob Money			Flood		
Valuable Papers			Money & Securities			Earthquake		
Accounts Receiv.			Spoilage			Boiler & Machinery		

Signs			Business Computers			Glass		
Employee Dishon.			Ordinance of Law					

GENERAL INFORMATION

- Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material (e.g. landfills, wastes, fuel tanks, etc.). 9 Yes 9 No
- Are athletic teams sponsored. 9 Yes 9 No
- Are certificates of insurance required from subcontractors. If so, who checks them. 9 Yes 9 No
- During the last ten years has any applicant been convicted of any degree of the crime of arson. (In Rhode Island, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.) 9 Yes 9 No
- Describe any location/business interest owned/operated by applicant but not listed. Please include:
Annual Sales Receipts \$ _____ Total Annual Payroll \$ _____

SPECIALTY PROGRAMS

Apartments and Condominiums:

- Are there any swimming pools or playgrounds 9 Yes 9 No
- Is aluminum wire used 9 Yes 9 No
- Number of units per building or fire division. _____
- Indicate where coverage applies to: Bare Walls Finished Walls
- Smoke Detectors: None Battery Wired

Restaurants:

- Is there an automatic fire protection system installed. 9 Yes 9 No
- Is there an automatic fuel cut-off. 9 Yes 9 No
- Is there a hood and duct service contract: 9 Yes 9 No

Contract Expiration date: _____

Contractors:

- Does applicant draw plans, designs, or specifications 9 Yes 9 No
- Do any operations include excavations, tunneling, underground work or earth moving. 9 Yes 9 No
- Does applicant lease equipment to others with or without operators. 9 Yes 9 No

Describe Off Premises Exposures:

CRIME

Alarm Type: Hold-Up Premises Safe/Vault
 Alarm Description: Local gong Central Station w. Keys
 Central Station w/o Keys Police Connect
 Grade: _____
 Extent of Protection: Safe/Vault Partial Complete
 Premises Alarm: 1 2 3
 Certificate No. _____ Expiration Date _____

Safe/Vault Receptacle Manufacturer's Name _____

Maximum Cash on Premises \$ _____
 Maximum Cash with Messenger \$ _____
 Money on Premises Overnight \$ _____
 Frequency of Deposits \$ _____
 Deadbolt Cylinder 9 Yes 9 No
 Door Locks 9 Yes 9 No

Other Protection: _____

ADDITIONAL INTEREST

Additional Insured Loss Payee Mortgagee Lienholder Employee as Lessor Certificate Required Yes No

If applicable, please provide name and address, and brief details:

PRIOR POLICY(IES) Insurance Company || Policy Number || Expiration Date

NOTE: THREE YEAR LOSS EXPERIENCE IS REQUIRED - EITHER INSURANCE CO. LOSS RUNS OR A WARRANTY LETTER FROM APPLICANT CAN BE USED. ANY PAID CLAIM OR RESERVE IN EXCESS OF \$10,000 REQUIRES A DETAILED EXPLANATION.

DATE COMPLETED: _____ BY: _____ (Please Sign)