

Your First Step in establishing a program that will provide excellent coverage is to complete the following questionnaire. Your information will be Processed against over 100 different companies and a proposal will be created. Providing as much information as possible will give you the best chance to get excellent rates.

## Looking for Bar or Tavern Insurance

**Bridenstine and Associates**

Fax 612-395-5233

Contact First Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_  
 Contact Last Name \_\_\_\_\_ Fax \_\_\_\_\_  
 Your Company Name \_\_\_\_\_ Your Web Page Address \_\_\_\_\_  
 Mailing Address 1 \_\_\_\_\_ Email \_\_\_\_\_  
 Mailing Address 2 \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 Mailing City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Contact Notes \_\_\_\_\_

Location Address 1 \_\_\_\_\_  
 Location Address 2 \_\_\_\_\_  
 Location City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Years in business \_\_\_\_\_

Business Type  Individual  Corporation  Partnership  
 Joint venture  LLC  Other

Premises Type  Owner  Owner-Lessor  Service  
 Off ice  Habitational

Program  Retail  Wholesale  Service  
 Off ice  Habitational

Description of operations \_\_\_\_\_

Mortgagee name & address \_\_\_\_\_

Business liability \_\_\_\_\_ \$300,000, \$500,000, or \$1,000,000

Business personal property to cover \_\_\_\_\_ enter \$ amount

Deductible \_\_\_\_\_

Exterior glass  Yes  No Sign  Yes  No

Amount of Money & Securities ie \$10,000 Inside/\$2,000 outside \_\_\_\_\_

Systems breakdown - Boiler and Machinery  Yes  No

Accounts receivable Amount \_\_\_\_\_

Valuable papers \_\_\_\_\_

Business computer: Hardware \_\_\_\_\_

Software \_\_\_\_\_

Employee dishonesty \_\_\_\_\_

Additional insured name & address \_\_\_\_\_

Non-owned and hired automobile \_\_\_\_\_

Building Amount to insure \_\_\_\_\_  
 Replacement cost \_\_\_\_\_  
 Actual cash value \_\_\_\_\_  
 Construction  Frame  Joisted masonry  
 Masonry: Noncombustible  
 Fire resistive  
 Sq. foot area of each building \_\_\_\_\_  
 Sq. foot area occupied by applicant \_\_\_\_\_  
 Year of construction \_\_\_\_\_  
 Number of stories \_\_\_\_\_

Annual Sales \_\_\_\_\_

Annual payroll \_\_\_\_\_

Number of Employees \_\_\_\_\_

Payroll Excluding Owner \_\_\_\_\_

Prior Insurance Description Past 3 Years (Company Name, Year's Covered)

Loss History (Descriptions, Dates, Amount paid)

Remarks

# Bar & Tavern Questionnaire

[Coverage Checklist](#)

Corporate Name of Restaurant \_\_\_\_\_

MN Unemployment ID # \_\_\_\_\_

Type of Restaurant \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

Years Experience \_\_\_\_\_

Corporation  Individual  Partnership

# of Owners \_\_\_\_\_

Address of Applicant (COMPLETE THIS FORM FOR EACH APPLICABLE LOCATION)

GROSS RECEIPTS PAST YEAR

PAYROLL PAST YEAR

Owner Name \_\_\_\_\_

Owner SS # \_\_\_\_\_

Owner DOB \_\_\_\_\_

Owner Home Address \_\_\_\_\_

Owner Home Phone # \_\_\_\_\_

Owner Business Phone # \_\_\_\_\_

Owner Email \_\_\_\_\_

TYPE OF BUSINESS

<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> FAMILY STYLE	<input type="checkbox"/> NIGHTCLUB BED & BREAK- FAST INN	<input type="checkbox"/> FRANCHISED	<input type="checkbox"/> SEASONAL
<input type="checkbox"/> DINER	<input type="checkbox"/> BANQUET HALL	<input type="checkbox"/> OTHER	<input type="checkbox"/> NOT FRANCHISED	<input type="checkbox"/> YEAR ROUND
<input type="checkbox"/> FAST FOOD	<input type="checkbox"/> TAVERN			

HOURS OF OPERATION

		YES	NO			YES	NO
1. OWNER OR CORPORATION NOW OR IN THE PAST INVOLVED IN				10. ORIGINAL USE AND SUBSEQUENT OCCUPANCIES OF THE BUILDING			
<input type="checkbox"/> BANKRUPTCY	<input type="checkbox"/> TAX LIEN	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> FORECLOSURE	<input type="checkbox"/> BUSINESS FAILURE	<input type="checkbox"/>	<input type="checkbox"/>				
2. IS ANY ENTERTAINMENT PROVIDED? IF YES, ANSWER QUESTIONS 3-9.				<input type="checkbox"/>	<input type="checkbox"/>		
3. NIGHT OF WEEK				11. SEATING CAPACITY:			
<input type="checkbox"/> MONDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	12. IF ALCOHOLIC BEVERAGES ARE SOLD, IS SERVICE RESTRICTED TO BEER AND WINE ONLY?			
<input type="checkbox"/> TUESDAY	<input type="checkbox"/> THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. AGE OF CLIENTELE:				13. SEASONAL?			
5. TYPE OF ENTERTAINMENT				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> ROCK GROUP	<input type="checkbox"/> DJ	<input type="checkbox"/>	<input type="checkbox"/>	14. ANY GRILLING, DEEP FAT FRYING, OPEN BROILING, ROASTING?			
<input type="checkbox"/>	<input type="checkbox"/> BAND (ANY KIND)		<input type="checkbox"/>	15. HAS BUSINESS BEEN IN OPERATION LESS THAN 5 YEARS AT THIS LOCATION? IF YES, DESCRIBE PRIOR EXPERIENCE OF OWNER/MANAGER.			
<input type="checkbox"/>	OTHER (DESCRIBE):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. DOES A DANCE FLOOR EXIST? IF YES, SHOW AGE GROUPS:				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. NUMBER OF EMPLOYEES			
<input type="checkbox"/>	UNDER 21	<input type="checkbox"/>	21-40	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	OVER 40	<input type="checkbox"/>		17. IS THE BUILDING OWNER TO BE NAMED AS AN ADDITIONAL INSURED AS INTEREST MAY APPEAR? IF YES, PROVIDE BUILDING OWNER NAME AND ADDRESS.			
7. IS DANCING PERMITTED?				<input type="checkbox"/>	<input type="checkbox"/>		
8. BOUNCERS OR DOORMEN? IF YES, EXPLAIN WHY.				<input type="checkbox"/>	<input type="checkbox"/>		
9. AMUSEMENT DEVICES (POOL TABLES VIDEO GAMES, GAMBLING, ETC)? IF YES, # AND DESCRIPTION.				<input type="checkbox"/>	<input type="checkbox"/>		

## BED & BREAKFAST INN ONLY

		YES	NO			YES	NO
1. NAME OF INN				<input type="checkbox"/>	<input type="checkbox"/>	7. DOES INN PROVIDE GUESTS WITH ANY SPORTS EQUIPMENT INCLUDING BOATS, BICYCLES, MOTORCYCLES OR HORSES- IF YES, DESCRIBE.	
2. IS INN OPERATED BY OWNERS(S) AND OCCUPIED ASA PERMANENT RESIDENCE BY OWNER(S)? IF NOT, PROVIDE NAME AND EXPERIENCE OF OPERATOR.				<input type="checkbox"/>	<input type="checkbox"/>		
3. NUMBER OF GUEST ROOMS:				<input type="checkbox"/>	<input type="checkbox"/>	8. WHERE ARE CLEANING SOLVENTS STORED?	
4. HAS PROPERTY BEEN DESIGNATED A HISTORICAL MARKER?				<input type="checkbox"/>	<input type="checkbox"/>		
5. WOODBURNING STOVE OR FIREPLACE INSERT? IF YES, NAME OF MANUFACTURER: DATE INSTALLED:				<input type="checkbox"/>	<input type="checkbox"/>		
6. DESCRIBE EMERGENCY LIGHTING SYSTEMS				<input type="checkbox"/>	<input type="checkbox"/>	9. IS CLEANING SOLVENT CABINET LOCKED OR STORED OUT OF REACH OF CHILDREN?	
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	10. ARE ADEQUATE SMOKE ALARMS INSTALLED?	
				<input type="checkbox"/>	<input type="checkbox"/>		

**KITCHEN FIRE PROTECTION**

1. u.I. APPROVED AUTOMATIC EXTINGUISHING SYSTEM UNDER MAINTENANCE CONTRACT? IF YES, # MONTHS:	YES	NO	5. BC EXTINGUISHER AVAILABLE IN KITCHEN?		
2. DOES ABOVE SYSTEM COVERALL COOKING SURFACES? IF YES, NAME OF SYSTEM:			6. HOODS AND DUCTS OVERALL COOKING EQUIPMENT?		
3. AUTOMATIC GAS OR ELECTRIC SHUT OFFS FOR COOKING?			7. HOODS AND DUCTS MAINTENANCE CONTRACT SCHEDULE? #MONTHS:		
4. HOOD AND FILTERS CLEANED WEEKLY BY STAFF?			8. ADEQUATE CLEARANCE BETWEEN HOODS, DUCTS, COOKING EQUIPMENT AND COMBUSTIBLE MATERIALS?		

**GENERAL LIABILITY**

1. RECEIPTS (LAST 3 YEARS)	YES	NO	5. LODGING OPERATIONS OTHER THAN APARTMENTS? IF YES, DESCRIBE.	YES	NO																
<table border="1"> <thead> <tr> <th></th> <th>FOOD</th> <th>LIQUOR</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>Year</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Year</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Year</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>		FOOD	LIQUOR	OTHER	Year	\$	\$	\$	Year	\$	\$	\$	Year	\$	\$	\$			6. ANY OTHER ON OR OFF PREMISES EXPOSURES NOT LISTED ABOVE? IF YES, DESCRIBE.		
	FOOD	LIQUOR	OTHER																		
Year	\$	\$	\$																		
Year	\$	\$	\$																		
Year	\$	\$	\$																		
2. SQUARE TOTAL BUILDING: APARTMENTS: FOOTAGE: RESTAURANT: #APARTMENTS:			7. ADEQUATE EMERGENCY EXITS PROVIDED, EQUIPPED WITH PANIC HARDWARE?																		
3. OFF PREMISES PARKING? IF YES, ADDRESS:			8. NON-OWNED AUTOMOBILE? IF YES, # OF EMPLOYEES:																		
			9. VALET PARKING? IF YES, IS GARAGE KEEPER LIABILITY REQUIRED?																		
4. ON OR OFF PREMISES CATERING BANQUET? IF YES: % OF TOTAL RECEIPTS: DESCRIBE CATERING OPERATION			10. ANY DELIVERIES? IF YES, DESCRIBE.																		
		SQUARE FOOTAGE																			

**LIQUOR LIABILITY**

	YES	NO		YES	NO
1. DOES APPLICANT SERVE ALCOHOL?			8. # OF BARS ON PREMISES: IS THERE A STEADY BAR CLIENTELE?		
2. DOES APPLICANT HAVE LIQUOR LICENSE? IF YES, TYPE AND #:			9. IS THERE A HAPPY HOUR? REDUCED PRICE DRINKS?		
3. DOES APPLICANT SELL PACKAGE GOODS? IF YES, % OF LIQUOR RECEIPTS:			10. IS A LAST CALL GIVEN? IF YES, WHAT TIME?		
4. # OF BARTENDERS: # OF WAITERS/WAITRESSES: AVG LENGTH OF EMPLOYMENT:			11. ARE SHOTS GIVEN? SHOTS SPECIALS?		
5. ARE EMPLOYEES GIVEN LIQUOR TRAINING? IF YES, EXPLAIN TYPE AND WHEN TRAINED.			12. HAVE THERE BEEN ANY LIQUOR BOARD VIOLATIONS? IF YES, LIST ALL VIOLATIONS.		
6. DOES APPLICANT HAVE WRITTEN POLICY ON SERVING ALCOHOL FOR EMPLOYEES AND CUSTOMERS?					
7. IS MANAGEMENT NOTIFIED PRIOR TO SHUTTING OFF PATRONS? IS DOCUMENTATION KEPT ON EACH INCIDENT?					

**FINANCIAL INFORMATION - MOST RECENT 12 MONTH PERIOD**

TOTAL OPERATING EXPENSES (FOOD AND LIQUOR ONLY)	\$
TOTAL OPERATING EXPENSES (OTHER THAN COST OF FOOD AND LIQUOR)	\$
NET PROFIT OR LOSS (IF LOSS, ATTACH FINANCIAL STATEMENT)	\$
ACCOUNTS PAYABLE	\$
NOTES PAYABLE (NOT TO BANKS)	\$
BANK LOANS PAYABLE	\$

**REMARKS**

**ATTACHMENTS**

	FINANCIAL STATEMENT
	PHOTOS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME and VA, insurance benefits may also be denied)

Applicant is located in: City \_\_\_\_\_ Small town \_\_\_\_\_ Rural area \_\_\_\_\_

#Years at this Location \_\_\_\_\_ # of years in Restaurant/Tavern Business \_\_\_\_\_

Liquor License # \_\_\_\_\_ Total occupancy/capacity \_\_\_\_\_

If less than 3 Years at this Location, list previous experience \_\_\_\_\_

Is Applicant Open Now Yes \_\_\_\_\_ No \_\_\_\_\_ If "No", Explain \_\_\_\_\_

Hours of Operation From \_\_\_\_\_ TO \_\_\_\_\_ #of Days per Week \_\_\_\_\_

Is Applicant a Seasonal Operation Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Explain \_\_\_\_\_

Distance to Ocean or Nearest Body of Water \_\_\_\_\_ Is Risk Eligible for Windstorm Pool? \_\_\_\_\_

### Physical Plant Section

Age of Building \_\_\_\_\_ Construction Type \_\_\_\_\_ Protection Class \_\_\_\_\_ # of Stories \_\_\_\_\_

Age of: Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Roofing \_\_\_\_\_

Smoke Detectors Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Electric \_\_\_\_\_ Battery Power \_\_\_\_\_

Fire Alarm Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Type: Central Station \_\_\_\_\_ Local \_\_\_\_\_

Burglar Alarm Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Type: Central Station \_\_\_\_\_ Local \_\_\_\_\_

Sprinkler System Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Age \_\_\_\_\_ Type: Wet or Dry System? \_\_\_\_\_

Kitchen Fire Protection: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

U.L. Approved Automatic Extinguishing System under Semiannual Contract \_\_\_\_\_

Above System Covering All Cooking Surfaces \_\_\_\_\_

Name of System \_\_\_\_\_ Wet or Dry System? \_\_\_\_\_

Automatic Gas or Electric Shut Offs for Cooking \_\_\_\_\_

Hood and Filters Cleaned Weekly by Staff \_\_\_\_\_

BC Extinguisher Available in Kitchen \_\_\_\_\_

Hoods and Ducts Over All Cooking Equipment \_\_\_\_\_

Hoods and Ducts Maintenance Contract Schedule # Month \_\_\_\_\_

**Entertainment Section**

Amusement Devices (Pool Tables, Video Games, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", # \_\_\_\_\_  
Description \_\_\_\_\_

*Liquor Legal Liability Section*

Does Applicant Serve Alcohol Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Entire Section MUST be Completed  
Does Applicant Have Liquor License Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Type and # \_\_\_\_\_  
Does Applicant Sell Package Goods Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", % of Liquor Receipts \_\_\_\_\_ %  
# of Bar Seats \_\_\_\_\_ Max # of staff per shift: Bartenders \_\_\_\_\_ Wait Staff \_\_\_\_\_ Avg. Employment Exp. \_\_\_\_\_ yrs  
Are Employees Given Liquor Training Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Explain Type and When Trained  
\_\_\_\_\_  
Does Applicant Have Written Policy on Serving Alcohol for Employees & Customers Yes \_\_\_\_\_ No \_\_\_\_\_  
Is Management Notified Prior to Shutting Off Patrons Yes \_\_\_\_\_ No \_\_\_\_\_  
Is Documentation Kept on Each Incident Yes \_\_\_\_\_ No \_\_\_\_\_  
# of Bars on Premises \_\_\_\_\_ Is There a Steady Bar Clientele Yes \_\_\_\_\_ No \_\_\_\_\_  
Is There a Happy Hour Yes \_\_\_\_\_ No \_\_\_\_\_ Reduced Price Drinks Yes \_\_\_\_\_ No \_\_\_\_\_  
Is a Last Call Given Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", What Time \_\_\_\_\_  
Have There Been Any Liquor Board Violations Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", List ALL Violations  
\_\_\_\_\_  
\_\_\_\_\_

**Property Section**

Does Applicant Own Building Yes \_\_\_\_\_ No \_\_\_\_\_ Is Applicant Required by Lease to Insure Building Yes \_\_\_\_\_ No \_\_\_\_\_  
Building Limit \_\_\_\_\_ Co-Ins % \_\_\_\_\_ ACV \_\_\_\_\_ R/C \_\_\_\_\_ Deductible \_\_\_\_\_  
Contents Limit \_\_\_\_\_ Co-Ins % \_\_\_\_\_ ACV \_\_\_\_\_ R/C \_\_\_\_\_ Deductible \_\_\_\_\_  
Business Income Limit \_\_\_\_\_ Contribution or Co-Ins % \_\_\_\_\_ Waiting Period: 72 Hours  
Loss of Rents Limit \_\_\_\_\_ Co-Ins % \_\_\_\_\_ Deductible \_\_\_\_\_  
Cause of Loss: Basic \_\_\_\_\_ Special \_\_\_\_\_  
Employee Dishonesty Limit \_\_\_\_\_ Deductible \_\_\_\_\_  
Property Enhancement Endorsement Requested Yes \_\_\_\_\_ No \_\_\_\_\_ (See Web Site for Coverages)  
Other Property Coverages Requested \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Liability Section**

General Liability Limit \_\_\_\_\_ Aggregate \_\_\_\_\_  
Liquor Liability Limit \_\_\_\_\_ Aggregate \_\_\_\_\_  
Receipts: Food \_\_\_\_\_ Liquor \_\_\_\_\_ Other \_\_\_\_\_ Total \_\_\_\_\_  
Square Footage: Building \_\_\_\_\_ Restaurant \_\_\_\_\_ Table Seating Capacity \_\_\_\_\_  
Off Premise Parking Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", list address and square footage \_\_\_\_\_  
\_\_\_\_\_  
On or Off Premise Catering / Banquet Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", % of total Receipts \_\_\_\_\_ %  
Describe Catering Operation \_\_\_\_\_  
Lodging Operations Other than Apartments Yes \_\_\_\_\_ No \_\_\_\_\_ # Apartments if Any \_\_\_\_\_  
If "Yes", Describe: \_\_\_\_\_  
Describe Any Other On or Off Premise Exposure NOT Listed Above \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Security**

Are Any Bouncers, Door Person or Security Used, if Yes Describe Type and Purpose: \_\_\_\_\_  
\_\_\_\_\_  
Are Any Non-Employee Security Services Hired or Contracted, if Yes Describe Type and Purpose: \_\_\_\_\_  
\_\_\_\_\_  
In the Last 12 Months Have Any Emergency Services Been Called; i.e. Police, Ambulance, Fire Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", Explain \_\_\_\_\_  
\_\_\_\_\_

**Non-Owned Automobile (Hired Auto Not Available)**

Is Non-Owned Automobile Requested? Yes \_\_\_\_\_ No \_\_\_\_\_ *If Yes, Complete Entire Section*  
Number of Employees - \_\_\_\_\_ Does Applicant have a Business Auto Policy? Yes \_\_\_\_\_ No \_\_\_\_\_  
Any Delivery Use? Yes \_\_\_\_\_ No \_\_\_\_\_ List the Business Purposes the Non-Owned Auto will be Utilized for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Interests**

Mortgagee and Address 1 st \_\_\_\_\_  
\_\_\_\_\_ Check if None 2nd \_\_\_\_\_  
Additional Insureds 1 st \_\_\_\_\_  
\_\_\_\_\_ Check if None 2nd \_\_\_\_\_  
3rd \_\_\_\_\_  
Loss Payees 1 st \_\_\_\_\_  
\_\_\_\_\_ Check if None 2nd \_\_\_\_\_

**Claims Section**

List ALL Claims for Each Section for the Past 5 Years. If None, Then Answer "None"

Property Claims -----

General Liability Claims -----

Liquor Liability Claims -----

**Additional Owners/Shareholders Must Be Completed and Signed By All Owners/Shareholders To Bind**

Name ----- Soc. Sec. # ----- Date of Birth -----

Name ----- Soc. Sec. # ----- Date of Birth -----

Name ----- Soc. Sec. # ----- Date of Birth -----

The signing of this application does not bind the Applicant nor any company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the acceptance of a contract. It is therefore the warranty of the undersigned that the information contained herein is true and correct, and it is hereby understood that the policy will be warranted based on this information. It is further understood that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. I hereby authorize RCA to run any credit reference checks in accordance with the Fair Credit Reporting Act (91-508), should they deem necessary.

Insured's Signature ----- Date -----

Insured's Signature ----- Date -----

Insured's Signature ----- Date -----

(Must Be Signed by All Owners/Shareholders to Bind)

Are you the controlling agent on this account?  Yes  No

Agent ----- Producer -----

Address ----- Phone # (\_\_\_\_) -----

----- FAX # (\_\_\_\_) -----

Agent Signature ----- E-mail address -----

**Comments/Notes**

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