**Breckenridge Insurance E-Cigarette & Vape Shop Program**

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| **BROKER SECTION:**  **Agency:**  **Phone:**  **Broker/Agent:**  **Email:** | | | | | | | | |
| **INSURED INFORMATION** | | | | | | | | |
| Named Insured: |  | | | Entity Type: | |  | | |
| DBA: |  | | | Phone: | |  | | |
| Inspection Contact Name: |  | | | Email: | |  | | |
| Business Address: |  | | | Website: | |  | | |
| City: |  | County: |  | State: |  | | Zip |  |
| Proposed Effective Date for Coverage? | | |  | | | | | |

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| **INTEREST IN LOCATION** | | | |
|  | | Yes | No |
| Do you have any marijuana/cannabis sales, growing, or storing operations? | |  |  |
| Do you have a Hookah Lounge? | |  |  |
| Do you have any live music or DJ’s? | |  |  |
| Do you have any Bouncers or Doormen? | |  |  |
| Do you have any special events or attend vendor shows? | |  |  |
| Do you have any Liquor sales? | |  |  |
| Describe Types of Items Sold & Operations: |  | | |

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| **GENERAL APPLICATION INFORMATION** | | | |
|  | | Yes | No |
| Is the risk currently operational and open for business? If no, provide expected opening date. |  |  |  |
| Is the risk currently under construction or renovation? | |  |  |
| Has the applicant had any policy or property insurance refused, cancelled or non-renewed in the past three (3) years? | |  |  |
| Has the applicant ever been involved in any bankruptcy proceedings and/or convicted of arson or insurance fraud? | |  |  |
| Has there been more than three insured or uninsured property or general liability losses, claims, or circumstances or one insured or uninsured loss, claim or circumstance exceeding $25,000 at the property to be insured or any other property owned/rented in the past three years? | |  |  |
| Has the applicant had any licenses or permits refused, revoked, or suspended? | |  |  |
| Has the applicant had more than two water damage claims in the past five years? | |  |  |
| Does the property have any galvanized plumbing pipes? | |  |  |
| Is the property to be insured subject to mortgage foreclosure proceedings or tax liens? | |  |  |
| Is there any existing damage to building(s) to be insured? | |  |  |
| Is the property to be insured subject to a mortgage provided by an individual or entity other than a financial institution? | |  |  |
| Is the property located in a landslide or brush fire area (with less than 200 feet brush clearance)? | |  |  |
| Is the electric wiring on fully functioning and operational circuit breakers? No coverage will be available for knob and tube, aluminum wiring or fuses. | |  |  |
| Is there any commercial cooking on premises? | |  |  |

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| **PROPERTY SECTION** | | | | | | | | | | | | | | | | |
| Indicate Type of Construction | | | | | | | | | | | | | | Original Year Built? | |  |
| Frame | Non -Combustible | | Semi – Fire Resistive | | Masonry Non - Combustible | | | | Fire Resistive | | | Masonry Fire Resistive | | Square Footage? | |  |
|  |  | |  | |  | | | |  | | |  | | Protection Class? | |  |
| When was the following last updated or upgraded? (Indicate year) | | | | | | | | | | | | | | Number of Stories? | |  |
| Roof | | Plumbing | | Wiring | | | Sprinklers - If any | | | Security - Alarm System | | | | Own or Tenant? | |  |
|  | |  | |  | | |  | | |  | | | |  | |  |
|  | | | | | | Yes | | No |  | | | | | | | |
| Is there a central station burglar alarm? | | | | | |  | |  | If yes, name of alarm provider: | | | |  | | | |
| Alarm inside your unit active and in your control? | | | | | |  | |  | Theft is excluded if there is no active central station burglar alarm monitored by an alarm provider. | | | | | | | |
| Other occupancies in the building, please describe: | | | | | |  | | | | | | | | | | |
| Approximate distance to nearest fire station? | | | | | |  | | | | | Approximate distance to nearest fire hydrant? | | | |  | |

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| **PROPERTY CLAIMS HISTORY** | | | |
| List all property claims in the past five (5) years, whether or not insured: | |  | |
| Current property insurance carrier: |  | Current Policy Number: |  |

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| **GENERAL LIABILITY SECTION – OCCURRENCE FORM (EXCLUDING PRODUCTS LIABILITY)** | | | | | | |
|  | | | Yes | No |  | |
| Do you currently have liability insurance coverage? | | |  |  | If yes, indicate the following: | |
| Any outstanding claims on current policy in force? | | |  |  | Current Carrier: |  |
| Please list complete liability claims history, whether or not insured: | | | | | Current policy number: |  |
| Date of claim: |  | Amount settled: | |  | Current liability limits: |  |
| Nature of injuries: |  | | | | Current liability premium: |  |
| Details, if pending: |  | | | | Policy expiration Date |  |

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| **GENERAL LIABILITY EXPOSURE** | |
| **What are your gross annual sales?**  (Required for calculation of liability premium) |  |
| If you have any knowledge of an event, circumstance, or occurrence, other than listed in the above, prior to the effective date of the proposed policy, or if you foresee that a claim may be brought as a result of said event, circumstance or occurrence, please describe in detail: |  |

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| **COVERAGE DESIRED** | | | | | | | | |
| Business Personal Property Limit: |  | | | | Improvements & Betterments: | |  | |
| Real Property / Building You Own Limit: |  | | | | Business Income / Extra Expense: | |  | |
| Property Deductibles Requested: | $1,000 | $2,500 | | $5,000 | Other: | Coinsurance | | 80% |
| Theft Limit Requested: |  | | | |  | | | |
| Property Enhancement: | Yes | | No | |  | | | |
| Equipment Breakdown: | Yes | | No | |  | | | |
| Hired & Non-Owned Auto: | Yes | | No | | (HNOA complete questionnaire) | | | |
| Liability Limit Available: | $1,000,000/$2,000,000 | | | | | | | |
| Additional Interest  (Specify type, name, and address) |  | | | | | | | |
| Additional Information: |  | | | | | | | |

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| **Hired & Non-Owned Auto (Optional)  N/A** | | |
|  | Yes | No |
| Does the Applicant have a Commercial Auto Liability policy for the business? |  |  |
| Are there any autos registered to and owned by the Applicant for business use? |  |  |
| Will the Applicant have more than five employees using their personal auto for business use? |  |  |
| Will any vehicle be operated beyond a 50-mile radius of the business location address  on a weekly basis? |  |  |
| Will any vehicle be used for product delivery? |  |  |

***\*Complete MULTI-LOCAITON SUPPLEMENTAL for each additional location.***

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| \*I understand and agree that this application and any supplemental applications 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 result in the voiding of the insurance issued in reliance on this application and / or denial of claims under any policy issued. | |
| **Applicant Signature & Date:** |  |
| \*I authorize and consent to investigation of information bearing upon moral character, professional reputation, and fitness to engage in the activities of any business including authorization to every person or entity, public or private, to release the company, 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 maybe authorized by law. | |
| **Applicant Signature & Date:** |  |
| \*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 any state and the risk is not protected by the state insurance solvency fund. | |
| **Applicant Signature & Date:** |  |

**This application must be signed by the applicant and provided at the time of binding.   
Signing this form does not bind the company to complete the insurance.   
Coverage becomes effective when accepted by the insurance company.**

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| **MULTI -LOCATION SUPPLEMENTAL - COMPLETE FOR EACH ADDITIONAL LOCATION** | | | | | | | | | | | | | | | | | | | | | | |
| Location Address: | | |  | | | | | | | | | | | | | | | | | | | |
| Type of Operations: | | | |  | | | | | | | | | | | | | | | | | | |
| What are your gross annual sales? (Required for calculation of liability premium): | | | | | | | | | | | | | | | | | | | |  | | |
| Business Personal Property Limit: | | | | | |  | | | | | | | Improvements & Betterments: | | | | | | |  | | |
| Real Property / Building You Own Limit: | | | | | |  | | | | | | | Business Income / Extra Expense: | | | | | | |  | | |
| Property Deductibles Requested: | | | | | | $1,000 | $2,500 | | | | $5,000 | | Other: | | | | | | Coinsurance | | | 80% |
| Theft Limit Requested: | | | | | |  | | | | | | |  | | | | | | | | | |
| Liability Limit Available: | | | | | | $1,000,000/$2,000,000 | | | | | | | | | | | | | | | | |
| Indicate Type of Construction | | | | | | | | | | | | | | | | | | Original Year Built? | | |  | |
| Frame | Non -Combustible | | | | Semi – Fire Resistive | | | Masonry Non - Combustible | | | | | | Fire Resistive | | Masonry Fire Resistive | | Square Footage? | | |  | |
|  |  | | | |  | | |  | | | | | |  | |  | | Protection Class? | | |  | |
| When was the following last updated or upgraded? (Indicate year) | | | | | | | | | | | | | | | | | | Number of Stories? | | |  | |
| Roof | | Plumbing | | | | Wiring | | | | Sprinklers - If any | | | Security - Alarm System | | | | | Own or Tenant? | | |  | |
|  | |  | | | |  | | | |  | | |  | | | | |  | | |  | |
|  | | | | | | | | | Yes | | | No | |  | | | | | | | | |
| Is there a central station burglar alarm? | | | | | | | | |  | | |  | | If Yes, name of alarm provider: | | |  | | | | | |
| Alarm inside your unit active and in your control? | | | | | | | | |  | | |  | | Theft is excluded if there is no active central station burglar alarm monitored by an alarm provider. | | | | | | | | |
| Other occupancies in the building, please describe: | | | | | | | | |  | | | | | | | | | | | | | |
| Approximate distance to nearest fire station? | | | | | | | | |  | | | | | | Approximate distance to nearest fire hydrant? | | | | |  | | |
| Are there any property or liability claims for this location? If yes, please list & detail all claims. | | | | | | | | |  | | | | | | | | | | | | | |
| Additional Interest  (Specify type, name, and address) | | | | | | | | |  | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | |  | | | | | | | | | | | | | |