Today's Date:_____ Retail Agency:_____

Effective Date:_____ Producer Name:_____

Applicant Information:

Applicant Name:_____

Dba:_____ Ownership:

Mailing Address:_____

City: _____ State:_____ Zip:_____

Inspection Contact Full Name: _____

Phone Number: _____ Email:_____

FEIN:_____

Insurance History:

Previous Carrier:_____

Expiring Premium:_____ Renewal Premium:_____

Business Currently Open? Yes☐ No☐ Full Time Operation:☐ Seasonal:☐

Length Of Time In Business At This Location: _____

Risk Information:

Provide Summary of Risk and any Special Circumstances for Badger to Consider:

_____

_____

_____

_____

_____

If Lessors Risk, List All Occupants (Name/Type/Sq Ft):

_____

_____

_____

_____

Pre-Eligibility Questions:

Has Coverage Been Cancelled/Non-Renewed/Declined?: Yes☐ No☐

If Yes, Please Explain:_____

Has There Been Continuous Coverage In Place?: Yes☐ No☐

New Purchase/Venture?: Yes☐ No☐

If Yes, Provide Detailed Narrative Of Applicant's Industry Experience:

_____

_____

_____

_____

_____

Is The Building At Least 75% Occupied?: Yes☐ No☐

If No, Provide Occupancy Details: _____

Losses In The Past Five Years?: Yes☐ No☐

If yes provide 5 year, currently valued company loss runs report

Is There a Tenant Occupied Apartment On Premise: Yes☐ No☐

Is There Entertainment Greater Than 2 Days A Week?: Yes☐ No☐

Is There A Concert Venue Present?: Yes☐ No☐

Are There Armed Security Guards?: Yes☐ No☐

ADDITIONAL INTERESTS

#1) Interest Type:_____

Interest Name:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Ref/Loan#:_____ Primary & Noncontributory: Yes☐ No☐

#2) Interest Type:_____

Interest Name:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Ref/Loan#:_____ Primary & Noncontributory: Yes☐ No☐

#3) Interest Type:_____

Interest Name:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Ref/Loan#:_____ Primary & Noncontributory: Yes☐ No☐

PROPERTY COVERAGE

Location #:_____ (Attach additional pages if multiple locations)

Street Address: _____

Unit Number:_____ City:_____ State:_____ Zip:_____

Miles to Station:_____ Feet to Hydrant:_____

Building/Occupancy Description:_____

Year Built: _____ Construction: Protection Clas:_____

Roof Construction: Number of Stories: _____ Sprinklered:

Loss Controls:

- ☐ UL 300 Cooking Fire Suppression System
- ☐ Building Sprinkler 100% Coverage
- ☐ Circuit Breakers (100-Amp Min)
- ☐ Security Cameras (CCTV)
- ☐ Safe
- ☐ CSA Burglary Alarm
- ☐ CSA Fire Alarm
- ☐ Daily Bank Deposits
- ☐ Local Smoke Alarms

Type Of Occupancy: Total Square Feet: _____

Total Payroll: _____ Annual Revenue: _____

Primary Cause of Loss:

Plumbing Update Year:_____ Roof Update Year:_____

Wiring Update Year:_____ Heating Update Year:_____

Building Coverage: Yes☐ No☐

Limit: _____ Coinsurance: Inflation Guard: _____

Building Valuation: Deductible: _____ Utility Services Coverage:

Tenants Improvements & Betterments Coverage: Yes☐ No☐

Limit: _____ Coinsurance: Inflation Guard: _____

Building Valuation: Deductible: _____ Utility Services Coverage:_____

Contents (BPP) Coverage: Yes☐ No☐

Limit: _____ ____ Coinsurance: Inflation Guard:

Building Valuation: Deductible: _____ Utility Services Coverage:

Business Income Coverage: Yes☐ No☐

Limit Type: Coverage:

Limit:_____ Coinsurance: Utility Services Coverage:

PROPERTY COVERAGE

Additional Property Coverage Options

Location #:_____ (Attach additional pages if multiple locations)

Ordinance or Law Coverage: Yes☐ No☐

Coverage A: Coverage B Limit: _____ Coverage C Limit: _____

Or Coverage B & C Combined Limit: _____

Outdoor Trees, Shrubs and Plants Coverage: Yes☐ No☐

Each Tree Limit:_____ Each Shrub Limit:_____ Each Plant Limit:_____

All Items Limit:_____ Vehicle Exclusion: _

Spoilage Coverage: Yes☐ No☐

Description of Property:_____ Limit of Insurance:

Cause of Loss: Classification:

Sewer/Drain/Sump Discharge (Not Flood Related) Coverage: Yes☐ No☐

Discharge Limit (Property Damage):_____

Discharge Limit (Business Interruption): _____

Food Contamination Coverage: Yes☐ No☐

Description of Business: _____

Food Contamination Limit:_____ Addl Adv. Expense Limit:_____

Accounts Receivable Coverage: Yes☐ No☐

Limit of Insurance:_____ Away From Premises Limit: _____

Receptacle: Percentage of Duplicate Records:

>51% of Accounts Receivable Classified?:

Signs Coverage: Yes☐ No☐

Sign Limit:_____ Description:_____

Location of Sign: Deductible: _

Valuable Papers and Records Coverage: Yes☐ No☐

On Premises Limit: _____ Off Premises Limit: _____

Receptacle: Deductible:

LIABILITY COVERAGE

Class Code:		**Exposure:**	
Class Code:		**Exposure:**	
Class Code:		**Exposure:**	
Class Code:		**Exposure:**	

Total Revenue:_____ Gaming Revenue:_____

Annual Food Sales: _____ #Gaming Machines: _____

Annual Liquor Sales: _____ Other Sales: _____

# of Owners:_____ # of FT Employees: _____ # of PT Employees: _____

Business Hours Weekday:_____ Weekend:_____

Badger Mutual Automatically Defaults to Following Limits:

Per Occurrence: $1,000,000

Products & Completed Operations: $1,000,000

Personal & Advertising Injury: $1,000,000

General Aggregate: $2,000,000

If Higher Limits Are Needed – Please Complete Excess Liability Portion

Liability Coverage Options:

Medical Payments: Fire Legal Liability:

Employee Benefits Liability Coverage: Yes☐ No☐

Limit: Number of Employees:_____

Cyber Liability Coverage: Yes☐ No☐

Limit:

Hired and Non-Owned Auto Liability Coverage: Yes☐ No☐

Delivery Service:

Employment Practices Liability: Yes☐ No☐

Limit: _____ Deductible:_____ Third Party EPL:_____

Full Time Employees:_____ Part Time Employees:_____

LIQUOR LIABILITY

Liquor Liability Coverage: Yes☐ No☐

Class: Per Occ/Agg Limit: _____

Liquor Sales:_____

Name As It Appears on License:_____

Liquor Authority (City/State Granting License):

_____

Authority Mailing Address: _____

City: _____ **State:**_____ **Zip:**_____

Number of Alcohol Servers:_____

Are All Servers T.I.P.S or T.A.M.S or Basset Certified: Yes☐ No☐

Does the Insured Employee Bouncers?: Yes☐ No☐

If Yes How Many:_____

Is Security Contracted?: Yes☐ No☐

Does Contracted Security Company Carry CGL?: Yes☐ No☐

Is Our Applicant Listed As Additional Insured?: Yes☐ No☐

Has The Establishment Ever Been Cited By The Liquor Control Commission For Violations Of The Liquor Law? Yes☐ No☐

If yes, explain:_____

Has Liquor Liability Coverage Ever Been Cancelled Or Declined? Yes☐ No☐

If yes, explain:_____

Has The Applicant Or Establishment Had Any Claims Or Suits Presented Or Know Of Any Incidents That Could Lead To A Claim? Yes☐ No☐

If yes, explain:_____

If Your Space Is Used For Musical Performances For Which Admission Tickets Are Sold, And Capacity Of Venue Exceeds 1,000, Please Confirm The Venue Operator Has Opioid Antagonists (E.G., Narcan) Available At The Premises And There Is A Staff Member On The Premises Who Has Been Certified To Administer An Opioid Antagonist (E.G., Narcan) By A Governmental Or Private Entity. Yes☐ No☐

CRIME COVERAGE

Crime Coverage: Yes☐ No☐

Crime Class:_____ Total Employees:_____

Employee Theft: Yes☐ No☐

Limit:_____ Deductible:_____

Forgery or Alteration: Yes☐ No☐

Limit:_____ Deductible:_____

Total Covered Cardholders:_____

Theft of Money/Securities- Inside the Premises: Yes☐ No☐

Limit:_____ Deductible:_____

Theft of Money/Securities- Outside the Premises: Yes☐ No☐

Limit:_____ Deductible:_____

EXCESS LIABILITY COVERAGE

Commercial Excess Liability Coverage: Yes☐ No☐

Aggregate Limit: _____

Liquor Excess Liability: Yes☐ No☐

Employer's Liability Excess: Yes☐ No☐

Employer's Liability Information:

Policy Number:_____

Company:_____

Policy Limits:_____

Premium:_____

Effective Date: _____

Expiration Date: _____

UNDERWRITING QUESTIONS

FOR ALL EXPOSURES, PLEASE ANSWER THE FOLLOWING:

1) Any vacancies on the premises? Yes☐ No☐
   a. If yes, explain_____
2) Is there any cooking on the premises? Yes☐ No☐
3) Has there been a bankruptcy? Yes☐ No☐
4) Are there gaming machines on the premises? Yes☐ No☐
   a. If yes, how many_____
5) Any painting, cutting, welding or storage of flammables on premises? Yes☐ No☐
   a. If yes, describe_____
6) Is there any live entertainment? Yes☐ No☐
   a. If yes, explain types _____
   b. How many nights a week?_____
   c. Is dancing allowed?_____
7) Are there any sports played on the premises? Yes☐ No☐
   a. If yes, explain_____
8) Are there parking facilities on the premises? Yes☐ No☐
   a. If yes, parking square footage_____
9) How long has applicant been in business at this location? Yes☐ No☐

FOR LRO EXPOSURES, PLEASE ALSO ANSWER THE FOLLOWING:

1) Is the business engaged in equipment rental? Yes☐ No☐
2) Is this a furniture and mattress store? Yes☐ No☐
3) Is this a resale shop (e.g. antique or clothing)? Yes☐ No☐
4) Is this a laundromat? Yes☐ No☐
5) Does the business conduct sale of marijuana or hemp products? Yes☐ No☐

FOR HABITATIONAL EXPOSURES, PLEASE ALSO ANSWER THE FOLLOWING:

1) Are there less than 4 units? Yes☐ No☐
2) Student housing? Yes☐ No☐
3) Subsidized housing? Yes☐ No☐
4) Assisted living? Yes☐ No☐
5) Boarding house, rooming house, or halfway house? Yes☐ No☐

Completion of this form does not bind coverage or commit the Company to policy issuance.

Applicant's Signature Date