



SPECIALITY BOP RETAIL SUPPLEMENTAL APPLICATION

APPLICANT'S NAME: _____
DBA, if applicable: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail address of primary contact: _____
Website address: _____
Audit contact name: _____ Phone number: _____
First Year in business: _____
Annual Sales/Revenue: _____
Number of Employees: _____

UNDERWRITING ELIGIBILITY – ALL CLASSIFICATIONS

Are functioning and operational fire extinguishers readily available? [] Yes [] No
Are wood-burning stoves, space heaters or temporary heating devices used as the primary heat sources? [] Yes [] No
Does the applicant have a 24 hour operation? [] Yes [] No
Is any location, currently or in future, under construction or renovation? [] Yes [] No
Has any policy or coverage been declined, cancelled or non-renewed during the prior three (3) years for any premises or operations? [] Yes [] No
Does the applicant own or operate any other businesses? [] Yes [] No
*If marked yes, please provide details _____
*If marked yes, does the business have coverage placed elsewhere? [] Yes [] No
Does the applicant directly import or sell foreign products? [] Yes [] No
Does the applicant sell any products under their name or label? [] Yes [] No

ANTIQUA/COLLECTIBLES & MEMORABILIA/

HOBBY, CRAFT, OR ARTISTS' SUPPLY STORES CLASSES ONLY [] N/A

Does the applicant offer repair or refurbishing services? [] Yes [] No
Does the applicant sell guns or ammunition? [] Yes [] No

APPLIANCE/ELECTRICAL LIGHTING/ELECTRONICS/ HARDWARE & TOOL/

HOME FURNISHING/OFFICE MACHINES OR APPLIANCE STORES CLASSES ONLY [] N/A

Does the applicant offer repair or refurbishing services? [] Yes [] No
Does the applicant rent or loan equipment to others? [] Yes [] No
Does the applicant have any operations involving fire suppression, sprinkler, alarm monitoring, or security systems installation, service, maintenance, or repair? [] Yes [] No
Does the applicant perform any installation, service, or repair operations (including sub-contracted work)? [] Yes [] No
Does the applicant sell any refurbished, used, or pre-owned items? [] Yes [] No
Does the applicant sell any e-cigarettes? [] Yes [] No
Do lumber sales exceed 35% of the applicant's estimated annual revenue [] Yes [] No

BOOKS & MAGAZINE/GIFT SHOP/MUSIC/VIDEO SALES STORES CLASSES ONLY

[] N/A

Does the applicant sell adult only material or products? [] Yes [] No

FABRIC/SHOE STORES CLASSES ONLY

N/A

Does the applicant sell any refurbished, used, or pre-owned items?

Yes No

OPTICAL GOODS STORE CLASS ONLY

N/A

Has the applicant had a Professional Liability Claim or currently aware of a circumstance that may lead to a Professional Liability Claim?

Yes No

PET STORE CLASS ONLY

N/A

Does the applicant train or sell guard, security, or service dogs?

Yes No

Are there breeding, grooming, or training services provided?

Yes No

ART GALLERY

N/A

Does applicant sell any products beside artwork for display?

Yes No

Does applicant create or manufacture any artwork on premises?

Yes No

AUTO PART STORES

N/A

Does the applicant perform any installation, service or repair operations (including sub-contracted work)?

Yes No

Does the applicant sell any refurbished, used or pre-owned items?

Yes No

What are the annual tire sales? _____

BEVERAGE STORES- COFFEE, SOFT DRINKS AND WATER

N/A

Does the location have any restaurant or cooking exposures?

Yes No

Are beverage sales greater than 75% of total sales?

Yes No

Does the location have any restaurant occupancies or commercial cooking exposures?

Yes No

Is alcohol consumed on premises?

Yes No

BEVERAGE STORES – LIQUOR AND WINE

N/A

Does location have a central station alarm and security cameras?

Yes No

Does the location have any restaurant or cooking exposures?

Yes No

Is the applicant interested in receiving a separate monoline Liquor Liability quote?

Yes No

Are beverage sales greater than 75% of total sales?

Yes No

Does the location have any restaurant occupancies or commercial cooking exposures?

Yes No

Does location have any entertainment, games, or other amusement activities?

Yes No

Is the liquor store hours of operation later then 11pm?

Yes No

Is alcohol consumed on premises?

Yes No

What is the percentage of foods sales? _____

DELICATESSIAN- NO COOKING/ ICE CREAM STORE

N/A

Does the location have any restaurant occupancies or commercial cooking exposures?

Yes No

HEARING AID STORE **N/A**

Does the applicant perform any installation, service or repair operations (including sub-contracted work)?

 Yes No**GARDENING STORE** **N/A**

Is building a green house?

 Yes No

Does applicant own a farm or growing operation?

 Yes No

Does applicant perform any landscaping or lawn care services?

 Yes No**JANITORIAL SUPPLY– RETAIL/ LUGGAGE GOODS– RETAIL** **N/A**

Does the applicant perform any installation, service or repair operations (including sub-contracted work)?

 Yes No

Does the applicant sell any refurbished, used or pre-owned items?

 Yes No**LEATHER PRODUCTS OR HIDE STORES** **N/A**

Does applicant perform any leather processing such as tanning or crusting?

 Yes No**SPORTING GOODS OR ATHLETIC EQUIPMENT STORES(INCLUDING APPAREL)** **N/A**

Does the applicant sell guns or ammunition?

 Yes No

Does applicant have any athletic games on premises such as, but not limited to, archery or gun range, climbing wall, or golf driving range?

 Yes No

Does the applicant perform any installation, service or repair operations (including sub-contracted work)?

 Yes No

Does the applicant sell any refurbished, used or pre-owned items?

 Yes No