



Clothing Store Product

CLOTHING STORE PRODUCT APPLICATION

All questions must be answered and application must be signed by applicant.

Name of Applicant _____ Date: _____

If you have a website, include your website address: _____

GENERAL QUESTIONS:

- | | Prohibited | Submit | Eligible |
|--|------------------------------|------------------------------|-----------------------------|
| 1. Any prior claims? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Any prior tax liens, bankruptcy or felony conviction? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 3. Annual sales over \$3,000,000? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 4. Is the store Total area greater than 7,500 Sq. Ft. | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 5. Are projected sales less than 2 times inventory? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 6. Does the risk sell infant/children merchandise?(Premises Preferred eligible) | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 7. Does the risk sell orthopedic shoes? (Premises Preferred eligible) | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 8. Does the risk sell protective clothing?(Premises Preferred eligible) | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 9. Does the risk sell riding apparel or equipment? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 10. Does the risk sell used, consignment or salvage merchandise? (Premises Preferred eligible) | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 11. Does the risk rent any products other than tuxedos or formal wear? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 12. Does the risk directly import any products?(Premises Preferred eligible) | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 13. Does the risk have armed security guards or firearms on the premises? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 14. Is the risk a clothing manufacturer? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Does the risk sell "own brand" products? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Are there any fashion shows held during the year? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Is food and beverage offered or sold to customers on premises? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PROPERTY QUESTIONS:

- | | | |
|--|------------------------------|------------------------------|
| 18. Is all electrical wiring on circuit breakers? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 19. Is there any aluminum or Knob and Tube wiring on the premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Are fur products sold? (Incidental fur is acceptable - i.e. fur collars) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

List items sold other than clothing and shoes _____

Building Age _____ Protection class _____ Total area _____ sq. ft. Parking area _____ sq. ft.

Store Hours? _____

Average value of Stock _____ Maximum Value of Stock _____

Protective devices: (check all that apply) Smoke detectors Local alarm Fire Extinguishers Video surveillance

Sprinkler system covering 100% of premise Central station burglar alarm Central station fire alarm

Partial Sprinkler System ___% Security sensors on items above \$____ Locked chains for items above \$____

Submit Details _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: 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 such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

If the applicant is located in the state of New York, the state of New York requires that we have the name and address of your (insured's) authorized Agent or Broker.

Name of authorized Agent or Broker: _____

Address: _____

Mail Completed Application

Through Local Agent or Broker: _____

Applicants Signature: _____ Date: _____