



**ELECTRONIC STORE PRODUCT APPLICATION**

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT

Applicant's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If you have a website, include your website address: \_\_\_\_\_

**Check the appropriate response to each question.**

- |  | <b>Prohibited</b>                        | <b>Submit</b>  | <b>Eligible</b>              |
|--|--|--|------------------------------|
| 1. Any prior claims?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No  |
| 2. Annual sales over \$1,500,000?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No  |
| 3. Are property values greater than \$500,000?                                       |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No  |
| 4. A risk over 10,000 Sq. Ft.?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No  |
| 5. Does repair work account for more than 40% of sales?                              |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No  |
| 6. Theft limit requested above \$10,000?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No  |
| 7. Are forklifts used in storage areas?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No  |
| 8. Any used or "own brand" products sold?  | <input type="checkbox"/> Yes             |  | <input type="checkbox"/> No  |
| 9. Any direct importing of foreign products?   | <input type="checkbox"/> Yes             |  | <input type="checkbox"/> No  |
| 10. Any old appliances disposed of at a Landfill?                                    | <input type="checkbox"/> Yes             |  | <input type="checkbox"/> No  |
| 11. Is all the electrical wiring on circuit breakers?                                | <input type="checkbox"/> No              |  | <input type="checkbox"/> Yes |
| 12. Are all display appliances properly grounded?                                    | <input type="checkbox"/> No              |  | <input type="checkbox"/> Yes |
| 13. Is the risk eligible according to our coastal guidelines?                        | <input type="checkbox"/> No              |  | <input type="checkbox"/> Yes |
| 14. Are no smoking signs posted in storage areas?                                    | <input type="checkbox"/> No              |  | <input type="checkbox"/> Yes |
| 15. Any prior tax liens, bankruptcy or felony convictions?                           | <input type="checkbox"/> Yes             |  | <input type="checkbox"/> No  |
| 16. Are armed security guards or firearms on premises?                               | <input type="checkbox"/> Yes             |  | <input type="checkbox"/> No  |
| 17. Hours of operation: <input type="checkbox"/> 24 hour or _____                    |  |  |                              |
| 18. Gross annual sales: _____  |  |  |                              |
| 19. Protective Devices (check all that apply)  | <input type="checkbox"/> Smoke Detectors | <input type="checkbox"/> Surge Protection                |                              |
| <input type="checkbox"/> All Electric on Circuit Breakers                            | <input type="checkbox"/> Local alarm     | <input type="checkbox"/> Central Station Fire Alarm      |                              |
| <input type="checkbox"/> Central Station Burglar Alarm with Motion and Sound Devices |  | <input type="checkbox"/> Surveillance Cameras            |                              |
| <input type="checkbox"/> Sprinkler System Covering 100% of Premises                  |  |  |                              |

**Please forward a fully completed application on all submit items.**

**If prohibited, please decline the account.**

**Notes:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicants Signature

Date