



AE Property Supplemental

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Applicant Information

Corporate Name:			Trading Name:		
Contact Name:			Contact Email:		
Applicant is: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership					
<input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other					
Title/Position: <input type="checkbox"/> Owner <input type="checkbox"/> General Manager <input type="checkbox"/> CEO <input type="checkbox"/> VP					
<input type="checkbox"/> Venue Representative <input type="checkbox"/> Business Manager <input type="checkbox"/> Other					
Mailing Address 1:			Phone:		
Mailing Address 2: df			Fax:		
City:	State:	Zip:	Website:		
Location (if different from mailing address)					
Location Address 1:			Phone:		
Location Address 2:			Fax:		
City:	State:	Zip:	Website:		
<input type="checkbox"/> Check here if the applicant has multiple locations.					
Number of years of management experience the General Manager has at this location or another location that is similar in establishment:					
Number of years of management experience the Owner has at this location or another location that is a similar establishment:					
Applicant's role(s) for the Location(s): (check all that apply)					
Does the applicant own the building/property? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, What percentage of the building does the applicant occupy? %					
List all tenants and describe their operations:					

Property Information

Square Footage:			Protection Class:		
Construction: <input type="checkbox"/> Masonry <input type="checkbox"/> Jointed Masonry <input type="checkbox"/> Masonry-NC <input type="checkbox"/> Frame <input type="checkbox"/> Other (check one)					
Fire Protection: <input type="checkbox"/> Sprinklers <input type="checkbox"/> Hood Extinguisher <input type="checkbox"/> Automatic Cut-off <input type="checkbox"/> Other: (check all that apply)					
Alarm Protection: <input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> Other: (check all that apply)					
Values Bldg \$		BPP \$		BI/EE \$	
Year Built:					
Type of Wiring (copper/aluminum/other):					
Number of Stories: Stories					
Maximum Seating Capacity: People					
Are any firework type displays allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Single or Multi-tenant building: <input type="checkbox"/> Individual/Stand alone <input type="checkbox"/> Multi-tenant/Shopping Plaza (check one) <input type="checkbox"/> Mere/Habitational <input type="checkbox"/> Multi-tenant/Offices					
Updates		Year		Complete Renovation or Partial?	
<input type="checkbox"/> Wiring		_____		<input type="checkbox"/> Complete <input type="checkbox"/> Partial	
<input type="checkbox"/> Roofing		_____		<input type="checkbox"/> Complete <input type="checkbox"/> Partial	
<input type="checkbox"/> Plumbing		_____		<input type="checkbox"/> Complete <input type="checkbox"/> Partial	
<input type="checkbox"/> HVAC		_____		<input type="checkbox"/> Complete <input type="checkbox"/> Partial	
<input type="checkbox"/> Other		_____		<input type="checkbox"/> Complete <input type="checkbox"/> Partial	



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Have there ever been any prior water damage or mold related incidents? Yes No
 Details (attach separate sheet if additional space needed):

Are there hard wired smoke or heat detectors used in all public areas? Yes No

Is the property within one mile of any body of water? Yes No
 If yes, please provide details.

Is there cooking on premises? Yes No

If yes, is the cooking area, hood and duct system protected by a fire extinguishing system? Yes No

Does the applicant have a written agreement in place for grease removal, hood, duct, and other filter cleaning with an outside cleaning company? Yes No

If yes, is the hood and duct system serviced at least every 6 months? Yes No

General Section

Does the applicant ever engage in 24 hour operations? Yes No

Does the applicant have contractors? Yes No

If yes, does the applicant have a written agreement with each contractor? Yes No

Total Annual Food Receipts	\$	Year _____
Total Annual Alcohol Receipts	\$	
Total Annual Gross Receipts	=	

Is there an employee handbook? Yes No

If yes, does it address fire emergency procedures? Yes No

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FRAUD STATEMENT: Any person who knowingly and with the 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.

Please check the appropriate box in each of the below claim history questions.

The Applicant hereby certifies, based upon reasonable and diligent investigation and to the best of the knowledge of the applicant, its owners, officers, employees and representatives, that with respect to the insured operation(s) and location(s) for which this application is being submitted:

There have / have not been two or more claims in any single policy period.

There have / have not been at any time any alcohol-related claims.

There have / have not been claims during any policy period exceeding \$25,000 in value based upon either the accumulated reserve or paid settlement amount.

WARRANT: THE UNDERSIGNED REPRESENTS AND WARRANTS, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, BASED ON REASONABLE INQUIRY, THAT THE PARTICULARS AND STATEMENTS SET FORTH ON THIS APPLICATION ARE TRUE, CORRECT AND ENTIRELY COMPLETE, AND THERE ARE NO OTHER RISK FACTORS THAT HAVE NOT BEEN DISCLOSED HEREIN. IF ANY PARTICULARS OR STATEMENTS ARE MATERIALLY MISREPRESENTED OR MATERIAL INFORMATION HAS BEEN OMITTED INTENTIONALLY OR ACCIDENTALLY, SUCH AS MISREPRESENTATION OR OMISSION WILL VOID ANY ISSUED COVERAGES AND THE INSURANCE COMPANY WILL HAVE NO DUTY TO DEFEND ANY CLAIMS, PAY ANY DAMAGES, OR PAY SUMS OR PERFORM ACTS OR SERVICES. THE UNDERSIGNED AGREES AND ACKNOWLEDGES THAT THE PARTICULARS AND STATEMENTS SET FORTH HEREIN ARE MATERIAL TO THE ACCEPTANCE OF THE RISK ASSUMED BY THE INSURANCE COMPANY AND THAT THE INSURANCE COMPANY IS RELYING UPON THE TRUTH AND COMPLETENESS OF THE RISK FACTORS DISCLOSED HEREIN. IT IS AGREED BY THE BASIS OF THE CONTACT SHOULD A POLICY BE ISSUED, AND THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF THE POLICY. IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE UNDERWRITER IMMEDIATELY IN WRITING AND THE UNDERWRITER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR PROPOSAL.

Signature of applicant*

Title:

Date:

_____ (Must be Owner, Officer, or Partner)

_____ (Required)

_____ (Required)

*SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED.