



BUSINESSOWNERS POLICY APPLICATION

Vermont Mutual

Northern Security
[MA, ME, NH, NY ONLY]

Granite Mutual
[VT ONLY]

Agency: _____

Date: _____

Agency Code: _____

Quote New Bind & Issue Renewal/Rewrite of: _____

Policy Term: Effective Date _____ to Expiration Date _____

Named Insured: _____

Mailing Address: _____

Inspection Contact: (Name and Telephone #) _____

Insured Type: Individual Joint Venture Partnership Corporation LLC Other _____

Billing Information: Payment Plan: 1 2 4 9

Direct Bill To: Insured Agent Mortgagee Other

Billing Address (if other than mailing address): _____

Policy Level Information

Limits of Liability:

Liability and Medical Expenses: \$300,000 \$500,000 \$1,000,000 \$2,000,000

Fire Legal Liability (\$50,000 Basic Limit): \$100,000 \$250,000 \$500,000 \$1,000,000

Deductibles:

Property: \$250 \$500 (std.) \$1,000 \$2,500 \$5,000 \$10,000 \$25,000

Ice Damming-Water Damage (MA, RI, NH only - *only available in VM for NH*): \$500 \$1,000 Per Unit

Special Water Damage Deductible (CT only): Per Unit Per Building \$1,000 \$2,500 \$5,000

Additional Coverages:

Hired Auto Liability Non-Owned Auto Liability

Earthquake

Businessowners Coverage Enhancement Endorsement (BCEE)

Employee Dishonesty: \$5,000 \$10,000 \$25,000 \$50,000 \$100,000

Number of Employees _____ Include Forgery & Alteration: Yes No

Directors & Officers Liability: (*completed and signed Condominium Directors & Officers Liability Questionnaire required*)

Residential Office Number of Directors/Officers _____ Number of Condo Units _____

Endorsements:

VB1201 – Blanket Insurance Endorsement: Applies to Buildings Applies to Business Personal Property

VMBP01 – Personal Property off Premises (optional higher limits): \$10,000 \$15,000

VMEBL1/VTEBL1 – Employee Benefits Liability: (*completed and signed Employee Benefits Liability Questionnaire required*)

\$100,000 / \$200,000 \$300,000 / \$600,000 \$500,000 / \$1,000,000

\$1,000,000 / \$2,000,000 \$2,000,000 / \$4,000,000

BP0801 – Barbers & Beauticians Prof. Liability: Number of Barbers _____

Number of Full-Time Beauticians _____ Number of Part-Time Beauticians _____

BP0802 – Funeral Directors Prof. Liability: Number of Bodies _____

BP0803 – Optical & Hearing Aid Establishments Prof. Liability: Number of Professionals _____

BP0805 – Veterinarians Prof. Liability: Number of Professionals _____

PPL10 - Pastoral Prof. Liability: \$300,000 Per Claim/\$600,000 Per Annual Aggregate

\$500,000 Per Claim/\$1,000,000 Per Annual Aggregate

\$1,000,000 Per Claim/\$2,000,000 Per Annual Aggregate

\$2,000,000 Per Claim/\$4,000,000 Per Annual Aggregate

Named Position _____ Number of Persons Filling Position _____

VB2501 – Amendment- Aggregate Limits of Insurance (Per Location)

VB2502 – Include Designated Agents as Employees Covered for Employee Dishonesty Cov. Only (condominiums only)

Capacity of Agent _____

Location/Building Level Information (complete for each location/building on policy)

Location Number _____ Building Number _____

Address: _____

Hydrant Within 1,000 ft: Yes No

Fire Dept. Within 5 Miles: Yes No

If there are multiple buildings, are all insured buildings separated by at least 50 feet? Yes No N/A

Description of Building Occupancy: _____

Year Built: _____

Total Area: _____ sq. ft.

Number of stories: _____ Basement: Yes No

Gross Receipts/Revenues: \$ _____

Number of Residential or Motel Units: _____

Construction: Frame Joisted Masonry Non-Combustible Masonry - Non-Combustible
 Modified Fire-Resistive Fire-Resistive Brick Veneer

Sprinklered: Yes No

Number of Swimming Pools: _____

Seasonal: Yes No

Wind Deductible (N/A NY & RI): 1% 2% 5%

Building:

Risk Type: Apartment Residential Condo Office Office Condo Hotel/Motel
 Mercantile Wholesaler Service/Processing Churches/Other Houses of Worship
 Restaurant-Limited Cooking

Class Code: _____

Limit: \$ _____

Valuation: Replacement Cost Actual Cash Value

Inflation Guard: 8% or _____% Annual Increase

Lessor's Risk: Yes No

Business Personal Property:

Risk Type: Apartment Residential Condo Office Office Condo Hotel/Motel
 Mercantile Wholesaler Service/Processing Churches/Other Houses of Worship
 Restaurant-Limited Cooking

Class Code: _____

Limit: \$ _____

Optional Coverages:

- Tenants Liability: \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000
- Valuable Papers & Records (\$5,000 included): \$10,000 \$20,000 \$50,000 \$100,000 \$250,000
- Accounts Receivable (\$5,000 included): \$ _____ Limit (Maximum of \$250,000)
- Outdoor Signs: \$ _____ Limit
- Money & Securities: \$ _____ Limit On Premises \$ _____ Limit Off Premises
- Interior Glass (subject to building limit of insurance): Basement and Ground Floor All floors
Sq. Footage 2nd Floor and Below: _____ Sq. Footage Above 2nd Floor: _____
Value of Irregularly Shaped Glass \$ _____
- Tenants' Exterior Building Glass: \$ _____ Limit
Sq. Footage 2nd Floor and Below: _____ Sq. Footage Above 2nd Floor: _____
- Ordinance or Law: Coverage 1 Only Coverage 3 Only Coverages 1 and 3
 Coverages 1, 2 and 3 (with option to combine 2 and 3)
\$ _____ Limit for Coverage 2
\$ _____ Limit for Coverage 3
\$ _____ Blanket Limit for Coverages 2 and 3
- Fine Arts: \$ _____ Limit Include Breakage: Yes No

Location/Building Level Information - Continued (complete for each location/building on policy)

Endorsements:

- BP0415 – Spoilage: \$ _____ Limit Class: 1 2 3
 Breakdown & Contamination Power Outage Both
Does a Refrigeration Maintenance Agreement Apply? Yes No
Description of Perishable Stock: _____
- BP0434 – Computer Coverage: \$ _____ Equipment Limit
Increased Media & Records Limit (if more than 25% of equip. limit is needed): \$ _____
- BP0456 – Utility Services-Direct Damage:
Building Limit: \$ _____ Business Personal Property Limit: \$ _____
 Water Supply: Source Type: Public Other
 Communication Supply: Incl. Communication Lines: Yes No Source Type: Public Other
 Power Supply: Incl. Transmission Lines: Yes No Source Type: Public Other
- BP0457 – Utility Services-Time Element: \$ _____ Limit
 Water Supply
 Communication Supply: Incl. Communication Lines: Yes No
 Power Supply: Incl. Transmission Lines: Yes No
- BP1703 – Condominium Unit Owners Optional Coverages:
Miscellaneous Real Property: \$ _____ Limit
Loss Assessment: \$ _____ Limit
- VB0403 (VB0407 for NY) – Liability For Guests Property: \$ _____ Limit per Guest

Mortgagee: Name and Address: _____

Loss Payee: Name and Address: _____

Provision Applicable: A-Loss Payable B-Lender's Loss Payable C-Contract of Sale
Description of Property: _____

Additional Insureds:

- (ML) Managers or Lessors of Premises: **BP 04 02**
Name: _____
- (CI) Controlling Interest: **BP 04 06**
Name: _____
- (PS) State or Political Subdivisions – Permits Relating to Premises: **BP 04 07**
Name: _____
- (TA) Townhouse Associations: **BP 04 08**
- (AM) Mortgagee, Assignee or Receiver: **BP 04 09**
Name: _____
- (LL) Owner or Other Interests From Whom Land Has Been Leased: **BP 04 10**
Name: _____
- (CR) Co-Owner of Insured Premises: **BP 04 11**
Name: _____
- (AG) Engineers, Architects or Surveyors: **BP 04 13**
- (LS) Lessor of Leased Equipment: **BP 04 16**
Name: _____
Description of Leased Equipment _____
- (VN) Vendors: **BP 04 47**
Name: _____
Description of Products: _____
- (NW) Newly Acquired Organizations: **BP 04 54**
- (PO) Designated Person or Organization: **VB 20 26**
Name: _____
- (GF) Grantor of Franchise: **VB 20 29**
Name: _____

General Underwriting Information – Policy Level (complete only once per policy)

1. Is this business currently controlled by your agency? Yes No
If yes or if known, please provide the previous carrier and expiring premium:
2. Has the risk been non-renewed, cancelled, declined or placed in a Fair Plan or with a Surplus Lines carrier in the past five (5) years? Yes No
If yes, provide reason for non-renewal, cancellation or declination:
3. Any outstanding recommendations or known code violations? Yes No
If yes, explain:
4. Does the applicant own any other properties or operate any other businesses? Yes No
If yes, explain:
5. Years in business _____
a. If less than 3 years, does the owner have at least 5 years experience in the type of business being insured? Yes No
b. If 3 or more years, has the applicant had prior insurance coverage for at least 3 years? Yes No
6. Has the applicant declared bankruptcy in the past three (3) years? Yes No
7. Has the applicant purchased, sold or discontinued any operations or businesses? Yes No
If yes, explain:
8. Are certificates of insurance obtained from all subcontractors performing work for the applicant? Yes No
9. Is the applicant listed as an additional insured on all sub-contractors policies? Yes No
10. Who is responsible for property management? Owner Other _____
11. Does the applicant have a website? Yes No *If yes, provide web address:*
12. Does the applicant have maintenance contracts for:
Heating Equipment Yes No
Grounds Maintenance Yes No
Snow Removal Yes No
13. Is the applicant a subsidiary of another entity? Yes No
If yes, identify the parent company and the percentage owned by the parent company.
14. Does the applicant have any subsidiaries? Yes No
If yes, provide a list and describe each relationship and the percentage owned.
15. Any exposure to flammables, explosives, or chemicals? Yes No
If yes, explain:
16. Any other insurance with this Company or being submitted? Yes No
If yes, explain:
17. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? Yes No *If yes, explain:*
18. During the past five years (ten in RI), has any applicant been convicted of any degree of the crime of arson? Yes No
(In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).
If yes, explain:
19. Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting or hazardous material? (e.g., landfills, wastes, fuel tanks, etc) Yes No
If yes, explain:

General Underwriting Information – Policy Level - Continued (complete only once per policy)

20. Are athletic teams, sporting events or social events sponsored? Yes No
If yes, explain:
21. Do you lease employees to or from other employers? Yes No
22. Any watercraft, docks, floats owned, hired or leased? Yes No
If yes, explain:
23. Any parking facilities owned / rented with a fee charge? Yes No
If yes, explain:
24. Are there any day care or school operations? Yes No
If yes, explain:
25. Have any crimes occurred or been attempted on the applicant's premises within the last 3 years? Yes No
If yes, explain:
26. Is the applicant's business located in their home? Yes No N/A
If yes, is the Homeowners coverage provided by Vermont Mutual, Northern Security, or Granite Mutual? Yes No

**Notes: 3-5 years currently valued hard copy loss runs required.
If building coverage is provided, please forward current photo(s).**

Optional Coverages and Endorsements

1. **Hired and Non-owned Auto (complete only if requested)**
- a. Any owned autos? Yes No
- b. Any delivery exposure? Yes No
2. **Employee Dishonesty (complete only if requested)**
- a. Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes No
- b. Is countersignature of checks required? Yes No
- c. Are securities subject to joint control of two or more responsible employees? Yes No
If "no" to any of the above, explain:
3. **Veterinarians Professional Liability (complete only if requested)**
- a. Are all employees licensed in the states in which they provide veterinary service? Yes No
If no, explain:
- b. Is the practice exclusively limited to the treatment of household pets? Yes No
If no, explain:
4. **Pastoral Professional Liability Coverage (complete only if requested)**
- a. Are there any counseling services? Yes No
If yes:
- i. Are all counselors ordained, licensed, or accredited? Yes No
- ii. Are the counseling services advertised or promoted? Yes No
If yes, explain:
- iii. Any specialized counseling (drugs/alcohol) offered? Yes No
If yes, explain:
- iv. Is there any charge for counseling services? Yes No
If yes, explain:
- b. If the applicant is a synagogue, does its rabbi perform circumcisions? Yes No

General Underwriting Information – Location/Building Level
(complete for each location/building on policy)

Location Number _____ Building Number _____

Location Address: _____

1. Is this risk / building known to you? Yes No
2. Has your agency inspected the risk? Yes No
3. Is the property in good repair? Yes No
4. Is the property seasonal? Yes No
If yes, explain:
5. Are there any barns or former farm barns? Yes No
If yes, explain:
6. Is this risk located within 1000 feet of a coastal area? Yes No
NOTE: If yes, this risk is not eligible without prior approval from your underwriter.
7. Swimming Pool? Yes No
 - a. In-ground? Yes No
 - b. Fenced or in an enclosed structure? Yes No NA
 - c. Locked when not in use? Yes No NA
 - d. Above-ground? Yes No
 - e. If above-ground, is the ladder removed or locked in an upright position when not in use? Yes No NA
 - f. Diving board, slide or trampoline? Yes No NA
 - g. Rules posted and enforced? Yes No
 - h. Depths clearly marked? Yes No
 - i. Are safety devices on hand: life ring and shepherd's crook? Yes No
 - j. Is the pool rented or loaned to others for any reason? Yes No
If yes, explain:
 - k. Children's section roped off when in use? Yes No NA
 - l. Life guard? Yes No
8. Playground or other recreational facilities other than pools provided? Yes No
 - a. Are they open to the public? Yes No
 - b. Describe the type: _____
9. If there are multiple buildings, are all buildings to be insured separated by at least 50 feet? Yes No NA
If no, please describe the separation or submit a plot plan. _____
10. Does the applicant have any knowledge of an underground or exterior oil tank on the premises? Yes No
11. Any vacancy? Yes No
If yes, refer to Underwriter and provide the following:
 - a. What is the percentage of vacancy? _____
 - b. Reason for the vacancy and future plans for occupancy? _____
12. Is the building currently undergoing renovations or repairs or are future renovations planned? Yes No
13. Any catastrophe or serious fire exposures (e.g., restaurant, woodworker, auto body shop) located within 50 feet? Yes No
If yes, please describe: _____

General Underwriting Information – Location/Building Level - Continued
(complete for each location/building on policy)

14. Have the following been updated?

ELECTRICAL: Partial Complete Year: _____

Service Size: 60 amp 100 amp 200 amp Other: _____

Service Controlled by: Circuit Breakers Fuses Fuse Stats

Any Knob or Tube Wiring? Yes No

Any Aluminum Wiring? Yes No

If present, has it been inspected by a qualified / licensed electrician and properly pigtailed using COPALUM Crimp Connectors? Yes No

Comments: _____

PLUMBING: Partial Complete Year: _____

Type: Copper PVC Iron Lead Other: _____

Any PB – Polybutylene plumbing (gray plastic type)? Yes No

Comments: _____

HEATING: Partial Complete Year: _____

Does this building have central heating? Yes No

Type: FHW FHA Electric Woodstove (if selected, complete woodstove questionnaire)

Space Heater (e.g. Monitor) Other: _____

Comments: _____

ROOF: Partial Complete Year: _____

Type of roof covering: _____

Comments: _____

Please describe any additional renovations. _____

15. Area occupied by the insured _____ sq. ft.

Business of others in building (if any):

a. Description of operations _____ sq. ft. _____

b. Description of operations _____ sq. ft. _____

c. Description of operations _____ sq. ft. _____

16. Is this a condominium unit owned by the applicant? Yes No

17. If lessor's risk, is the building owner named as an additional insured on any tenants' policy? Yes No N/A

Please complete all of the following supplemental applications that are applicable to this risk:

- Apartment Questionnaire (includes residential condominium unit owners)
- Residential Condominium Association Questionnaire
- Office Questionnaire (includes office condominium)
- Mercantile Questionnaire
- Wholesalers Questionnaire
- Service or Processing Questionnaire
- Hotel/Motel Questionnaire (includes motor inns, tourist courts, tourist cabins, bed & breakfasts)
- Churches or Other Houses of Worship Questionnaire
- Restaurants – Limited Cooking Questionnaire

Residential Condominium Association Questionnaire

Location Number _____

Building Number _____

Location Address: _____

1. Please provide the **number of units** occupied by the following classes of tenants:

- _____ Working / Professional
- _____ Student
- _____ Elderly
- _____ Public / Subsidized

2. Please provide **number of units** occupied:

- _____ Year round
- _____ Seasonally
- _____ Secondary
- _____ Time Share

3. Please provide the **number of units** that are:

- _____ Owner Occupied
- _____ Tenant Occupied

4. Are condominium declarations and/or bylaws in place? Yes No

5. Does the association have a written capitalization plan for future improvements or maintenance? Yes No

6. Does the association retain ownership of any of the units? Yes No

7. If the building contains secondary or seasonal units, are there heat / temperature alarms installed in each unit? Yes No N/A

8. Are there at least two means of egress from the 3rd floor and above? Yes No N/A

9. Please provide the following information concerning **smoke detectors**:

a. Are smoke detectors in all units? Yes No

b. Indicate the location of hardwired smoke detectors:
 All Units Basement/Attic Common Area Hallways N/A

c. If smoke detectors are battery operated, are batteries changed at least annually with written records kept? Yes No N/A

10. Please provide the following information concerning **carbon monoxide detectors**:

a. Are carbon monoxide detectors in all units? Yes No

b. Indicate the location of hardwired carbon monoxide detectors:
 All Units Basement/Attic Common Area Hallways N/A

c. If carbon monoxide detectors are battery operated, are batteries changed at least annually with written records kept? Yes No N/A

11. Is there at least one fire extinguisher located on each floor? Yes No



VERMONT MUTUAL INSURANCE GROUP

Signature Page – All States

Named insured:

Effective date:

Agent:

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial) civil penalties. In ME, insurance benefits may also be denied.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/she certifies that the answers are true, correct and complete to the best of his/her knowledge.

Applicant's Signature: _____ **Date:** _____

Producer's Signature: _____ **Date:** _____