

Named Insured: \_\_\_\_\_

Location Addresses: 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

**I. Facility**

	Location			
	1	2	3	4
1. Indicate the types of safety equipment you have:				
▪ smoke alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ fire alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ other, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is this equipment serviced annually? (Y/N)				
3. Are exits kept free of stock and miscellaneous storage? (Y/N)				
4. Does the store have emergency backup power? (Y/N)				
5. Is the store's parking lot well lit? (Y/N)				
6. Are the store's exterior walkways or parking lot in need of repair? (Y/N)				
7. Is smoking prohibited inside the building? (Y/N)				

8. How often does your staff check aisles for loose or worn floor coverings; and to clean up spilled, dropped, or broken merchandise?  Hourly  4x a day  Other: \_\_\_\_\_

9. How is excess merchandise stored? \_\_\_\_\_

10. How are flammables stored? \_\_\_\_\_

## II. Products

1. Indicate the types of merchandise that the store(s) will sell:

Toys	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Electrical Appliances	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clothing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hunting Knives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Guns	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Power Tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ladders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Exercise Machines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mattresses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Household Furniture	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Knick knacks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Children's Furniture (Cribs, Playpens)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electronics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sporting Goods (Skis, skates, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Are there any restrictions on the merchandise that the store(s) will sell?  Yes  No  
If "Yes", describe your restrictions or  attach a copy: \_\_\_\_\_
3. Describe your quality control program or policy, if any, for acceptable merchandise (for example, broken items are not accepted) or  attach a copy or your program or policy: \_\_\_\_\_
4. Is any merchandise repaired or serviced by the store(s)?  Yes  No  
Describe repairs or services performed: \_\_\_\_\_
5. Are any warranties made?  Yes  No  
Provide details of warranties provided (if made in writing,  attach a copy): \_\_\_\_\_

## III. Delivery

1. Will the store(s) deliver or pick up merchandise?  Yes  No
2. Does the hiring procedure for delivery people (both employees and volunteers) include:
- background and reference checks?  Yes  No
  - screening for criminal records?  Yes  No
  - MVR checks?  Yes  No

**FRAUD STATEMENT**

**Please read the statement applicable to your state and the final statement. Then sign, date and return with your application.**

- CALIFORNIA:** In addition, any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.
- COLORADO:** 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:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any 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:** 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.
- MAINE:** 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.
- MASSACHUSETTS: NOTICE:** If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.
- MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.
- MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.
- OHIO: ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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: 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.
- OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.
- PENNSYLVANIA:** 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 the person to criminal and civil penalties.
- RHODE ISLAND:** *In Rhode Island 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.* DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?  YES  NO
- UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."
- VIRGINIA:** 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.
- WISCONSIN:** 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.
- ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

12/03 \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date