



PROPERTY SECTION

DATE (MM/DD/YYYY)

AGENCY B&E Insurance Associates Inc.				APPLICANT (First Named Insured)			
POLICY NUMBER				CARRIER			NAIC CODE
EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT	FOR COMPANY USE ONLY		

PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:					
		BUILDING #:	BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>				<input type="checkbox"/>	

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
WIRING, YR: <input type="checkbox"/>	PLUMBING, YR: <input type="checkbox"/>	WIND CLASS	SEMI-RESISTIVE	HEATING BOILER ON PREMISES? (Y/N)				
ROOFING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	RESISTIVE		IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N)				
OTHER: <input type="checkbox"/>	YR: <input type="checkbox"/>							
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE					
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION WITH KEYS					
BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS/WATCHMEN	CLOCK HOURLY				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION LOCAL GONG					

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
INTEREST				LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE				SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> MORTGAGEE				OTHER:	
<input type="checkbox"/> GAGEE				ITEM DESCRIPTION:	

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BUILDING #:		BLDG DESCRIPTION:						
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	ROOFING, YR:	HEATING, YR:	WIND CLASS	RESISTIVE	SEMI-RESISTIVE	HEATING BOILER ON PREMISES? (Y/N)		
	OTHER: YR:		RESISTIVE			IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N)		
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE	CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT	GRADE	# GUARDS/WATCHMEN	CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST				LOCATION: BUILDING:
<input type="checkbox"/> LOSS PAYEE MORTGAGEE				SCHEDULED ITEM NUMBER:
				OTHER:
ITEM DESCRIPTION:				

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. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

CENTURY SURETY COMPANY
Restaurant/Bar/Tavern/Nightclub Supplemental Questionnaire
(Complete in addition to Acord Application)

1. **INSURED** _____

2. **GENERAL INFORMATION:**

Number of years in this type of business: _____ Number of years this business has been in operation: _____

Business Hours _____ to _____ Number of days business is open per week: _____

- a. Bouncers?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

 Days Per Week _____ If yes are armed?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If bouncers used are they ever off duty police officers?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- b. Pool Tables?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

 Days Per Week _____
- c. Mechanized Device (i.e. Riding Bull, etc.)

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If yes: _____
- d. Clientele Age:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 - 25	25 - 35	Over 35 Years	Over 50 Years
- e. Live Bands?

<input type="checkbox"/>	<input type="checkbox"/>
Days Per Week _____	Days Per Week _____

 Female Reviews?

<input type="checkbox"/>	<input type="checkbox"/>
Days Per Week _____	Days Per Week _____

Dance Floor?

<input type="checkbox"/>	<input type="checkbox"/>
Days Per Week _____	Days Per Week _____

 Male Reviews?

<input type="checkbox"/>	<input type="checkbox"/>
Days Per Week _____	Days Per Week _____

Dancers?

<input type="checkbox"/>	<input type="checkbox"/>
Days Per Week _____	Days Per Week _____

 Disc Jockey?

<input type="checkbox"/>	<input type="checkbox"/>
Days Per Week _____	Days Per Week _____

Does management ever allow the use of pyrotechnics?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- f. Other Types of Entertainment? Yes No If yes : _____

3. **FILL IN FINANCIAL INFORMATION FOR THE PAST THREE YEARS AS REQUESTED BELOW:**

- a. Fiscal Dates (month & year) _____
- b. Beer, Wine & Liquor Sales \$ _____ \$ _____ \$ _____
- c. Food Sales \$ _____ \$ _____ \$ _____
- d. Total \$ _____ \$ _____ \$ _____
- e. Cover Charge \$ _____ \$ _____ \$ _____

NAME OF PERSON TO CONTACT FOR FINANCIAL RECORDS: _____

PHONE NO.: _____

4. **PROPERTY COVERAGE INFORMATION**

- a. Distance from nearest: Responding Fire Station _____ miles Fire Hydrant _____ feet
- b. Year built _____ Number of stories _____ Construction Frame Other _____
- c. Total square footage of building _____
- d. Fire Extinguishers: Yes No How many? _____ Serviced & Tagged within the past year? Yes No
- e. Last date for update of following (show NA if not updated):
Roof: _____ Plumbing: _____ Electrical system: _____ HVAC: _____
Central station fire or burglary alarm: _____ Central station fire: _____
- f. Sprinkler system Yes No If yes % of square footage covered by sprinkler _____
- g. Type of wiring: Copper Aluminum Type of roof: _____

5. COOKING HAZARD QUESTIONNAIRE

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Is any type of cooking done on premises (please circle if microwave cooking ONLY)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. UL approved auto extinguishing system over ALL cooking surfaces and deep fryers?
Type of system: <input type="checkbox"/> Wet Chemical (UL 300 Approved) <input type="checkbox"/> Dry Chemical | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Semi-annual service contract for auto extinguishing system? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Automatic gas or electric shut off for cooking with manual pull? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are hoods and ducts equipped with filters? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are filters cleaned at a MINIMUM of every six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Are hoods and ducts cleaned at a MINIMUM of every six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Are portable fire extinguishers mounted and accessible to cooking areas? | <input type="checkbox"/> | <input type="checkbox"/> |

6. GENERAL LIABILITY INFORMATION

- a. Number of Employees: Managers: _____ Bartenders: _____ Waiter/Waitresses: _____ Security/Binders: _____
- b. Area of: Parking Lot _____ square feet Is applicant responsible for care/maintenance of lot? Yes No
- c. Surface of parking lot: Gravel Concrete Asphalt No Parking Other _____
- d. Number of Exits: _____ Are all exits marked with exit signs? Yes No
- e. Are all exits equipped with panic door hardware? Yes No
If "No", are all exits kept unlocked during business hours? Yes No
- f. What is the building's legal capacity as established by fire marshal or fire department? _____ persons.

If coverage is provided, it will contain special exclusion (above and beyond normal policy exclusions) including, but not necessarily limited to, the following:

- a. Assault and Battery b. Liquor Liability

The Applicant, Agent or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

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.

Applicant: _____

Producer: _____

Signature: _____

Date: _____

Producers Signature: _____

CENTURY SURETY GROUP
LIQUOR LIABILITY APPLICATION
(Complete a Separate Application for each location)

1. Name of Applicant(include dba): _____
2. Mailing Address: _____
3. Location Address: _____
4. Applicant is: Individual Partnership Corporation LLC Other
If other, explain: _____
5. Location is: Bar or Tavern Caterer Country Club Mini Mart without Gas
 Mini Mart with Gas Motel/Hotel Package Store Private Club
 Restaurant Special Event (short term) Sports Bar
 Supermarket or Grocery Store Other (explain): _____
(Note: If more than one of the above applies at this location then "x" each applicable box)
6. If private club, indicate type (be specific) and purpose: _____
7. Type(s) of Liquor License? On Sale Off Sale
 Beer Wine Liquor
8. Show Hours and Days of Operation: Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Saturday _____ Sunday _____
9. Show Receipts: Estimated Next 12 Months Last 12 Months
a. Alcoholic Beverages _____
b. Food _____
c. Other _____
10. Indicate type of area where you are located: Commercial (Non-Industrial) Downtown Industrial
 Residential Resort Rural Suburban
11. Do you have any of the following? Athletic Contests or Events Bouncers Comedy Shows
 Dance Floor Dart Board Disc Jockey Doorman
 Exotic Dancers ID Checkers Live Music Mechanical Rides
 Movies or Videos Pinball Machines Pool Tables Shuffleboard
 Security Guards (employees) Video Games Nude Dancers or Nude Reviews
 Security Guards*(independent) Firearms on premises
*Do independent contractors carry liability insurance and provide certificates? Yes No
If you x'd any of above boxes, explain in detail (be specific about type of music provided, etc.): _____
- Night Clubs (or any risk where entertainment is a primary function) is only written on a claims made form.**
12. Do you sponsor or provide any of the following? Double for single prices Free Alcoholic Drinks
 Ladies Night 2 for 1 drinks Singles Night Drink Specials
13. Percent of patrons arriving and departing by automobile? _____%
14. Maximum number of employees (including owners and managers) on duty at any one time? _____
15. Maximum capacity of premises allowed by law? _____
16. Maximum number of patrons on premises at any one time? _____
17. Average number of patrons on premises at any one time? _____
18. Predominate age range of patrons? 21 - 35 26 - 35 Over 35
19. Do you allow anyone under 21 on your premises? Yes No
If yes, explain _____
- 20a. Have you or this establishment ever been charged, cited or fined by ABC commission or other governmental regulator?
 Yes No If yes, explain _____
- 20b. Have you or this establishment ever had its alcohol beverage license suspended or revoked? Yes No
- 20c. Number of bartenders? _____ Number of other employees serving alcoholic beverages? _____

CENTURY SURETY GROUP

20d. Does this establishment have an alcohol awareness training program for the prevention of alcohol abuse?
 Yes No If yes, complete the following:

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 1. Are all servers trained within sixty (60) days of employment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you provide written policies and procedures to employees regarding minimum service to minors and intoxicated persons? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Name of awareness program: _____ | | |
| 4. Do you provide free rides home to intoxicated patrons?
If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

21. Prior Insurance/Loss History:
 Show liquor liability insurer(s) for past three (3) years:

Year	Insurance Company	Limits	Policy Number

Have you had any liquor liability claims (insured or uninsured) in the past three (3) years? Yes No
 If yes, list them below:

Year	Description of Loss	Amount Paid or Reserved

22. Show insurer, policy term and limits for general liability coverage (limits must equal or be greater than the liquor liability limits) _____
23. Was your last liability coverage on a claims made coverage form? Yes No Is this application for claims made form? Yes No If yes, is Prior Acts Coverage desired? Yes No If yes, attach a copy of current declarations page showing retroactive date.
24. Do you have knowledge of any injury or accident which might have been caused by the serving of alcoholic beverages from your establishment which occurred after the requested effective date and prior to the completion of this application? Yes No If yes, explain in detail including name of injured party and date of incident: _____

Requested limits (in thousands) 100/100 100/300 300/300 500/500 Other _____
 Requested *Deductible \$500 \$1,000 \$2,500 \$5,000

*Deductible applies per claim including defense expense for claims.

Requested policy term: _____ to _____ Contact Person: _____ Telephone # _____

The Claims Made Liquor Liability form only provides coverage for "injury" which occurs after the retroactive date (and which you had no knowledge of prior to the effective date of this policy) shown in the policy (see #23 of this application) and reported (in writing) to the insurance company during the coverage period of this policy and I fully understand this limitation.

I declare that the above statements and particulars are true and that no fact have been suppressed or misstated and that this application form is recognized to be the basis of any policy of insurance which may be issued by the Company. The completion of this application does not bind the company to sell, and the misstatements of facts may void your coverage.

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.

Applicant: _____
 Signature: _____
 Date: _____

Producer: _____

 Producer Signature: _____



GARAGE APPLICATION

ALL QUESTIONS MUST BE ANSWERED IN FULL, SIGNED AND DATED BY THE APPLICANT.

Broker #: _____ Retailer: _____
 Broker: _____ Location: _____
 Location: _____
 Phone #: _____

Applicant Name and Mailing Address _____

Proposed Policy Period _____ to _____

Location #1 _____

Location #2 _____

Individual Partnership Joint Venture Corporation Other _____

Insured's Website Address _____

Inspection and Audit Contact / Phone Number _____

Years in business _____ Years of experience in this field _____

NATURE OF BUSINESS

DEALER: Wholesale Retail Non-Franchised Franchised with _____

NON-DEALER: Repair Shop Gas Station Parking Facility Other _____

UNDERWRITING INFORMATION

DO YOU:	YES	NO		YES	NO
1. Engage in any other operations?	<input type="checkbox"/>	<input type="checkbox"/>	7. Repossess vehicles for others?	<input type="checkbox"/>	<input type="checkbox"/>
2. Sponsor sporting or social events?	<input type="checkbox"/>	<input type="checkbox"/>	8. Engage in fuel conversion?	<input type="checkbox"/>	<input type="checkbox"/>
3. Sponsor or own any race cars?	<input type="checkbox"/>	<input type="checkbox"/>	9. Engage in auto pawning?	<input type="checkbox"/>	<input type="checkbox"/>
4. Sponsor driver's education cars?	<input type="checkbox"/>	<input type="checkbox"/>	10. Sell vehicles with salvaged titles?	<input type="checkbox"/>	<input type="checkbox"/>
5. Install, service or repair airbags?	<input type="checkbox"/>	<input type="checkbox"/>	11. Allow customers in the work area?	<input type="checkbox"/>	<input type="checkbox"/>
6. Structurally alter or convert vehicles from their original design?	<input type="checkbox"/>	<input type="checkbox"/>	12. Rent, lease or loan vehicles, machinery or equipment to others?	<input type="checkbox"/>	<input type="checkbox"/>

EXPLAIN ALL "YES" RESPONSES: _____

PLEASE INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS YOU ARE INVOLVED IN		
	Sales	Repair
Private Passenger Type Including Light & Medium Trucks - New	%	%
Private Passenger Type Including Light & Medium Trucks - Used	%	%
Antique/Classic Cars	%	%
Boats - Other Than Jet Skis	%	%
Jet Skis	%	%
Busses	%	%
Contractors Equipment	%	%
Farm Equipment	%	%
Emergency or Public Livery	%	%
Heavy Truck (over 20,000 GVW)	%	%
Kit Cars or Other Auto Manufacturing	%	%
Motorcycles, ATVs, Scooters, Snowmobiles	<i>**supplement required**</i>	%
Mobile Homes	%	%
Recreational Vehicles and Campers	<i>**supplement required**</i>	%
Semi Trailers	%	%
Trailers - Other than Semi Trailers	%	%
TOTAL		100%

DEALERS OPERATIONS		
Consigned Autos Held for Sale	%	When relinquishing a sold vehicle to the customer, do you confirm that they carry personal auto liability insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO Number of Dealer Tags: _____
Owned Autos Held for Sale	%	
Auto Auctions	%	
Wholesale Autos	%	
Other:	%	

NON-DEALERS OPERATIONS			
Alarm, Stereo or Navigational System	%	Impound Yards	%
Auto Maintenance or Repair Incl Bedliner	%	Mobile Auto Repair	%
Auto Painting with UL approved spray booth	%	Oil/Lube Service	%
Auto Painting without UL approved spray booth	%	Parking Lots & Garages	%
Auto Parts Sales <i>Receipts:</i>	%	Tire Dealers - New	%
Body Shop	%	Tire Dealers - Used, Retreads or Split Rims	%
Butane, Propane or other Liquefied Gas Sales	%	Trailer Hitch Installation or Repair	%
Car Wash - Full Service	%	Upholstery	%
Convenience Store <i>Receipts:</i>	%	Valet Parking <i>**supplement required**</i>	%
Detailing	%	Van Conversion	%
Driveway Contractor or Wrecker Service	%	Window Tinting	%
Frame or Unibody Straightening	%	Windshield Installation/Repair	%
Gasoline Station - Full Service	%	Other:	%

CENTURY INSURANCE GROUP CONTRACTORS QUESTIONNAIRE

GENERAL INFORMATION:

1. Applicant: _____ Years under this name: _____

List all business names in which applicant has owned in the past: _____

2. Contractor's License No.: _____ State(s) in which you do business: _____

3. Percentage of operations:

General Contractor: _____% Subcontractor: _____%

Owner/Builder: _____% Other (explain): _____%

If Subcontractor – Specific Trade: _____

4. Estimates for next 12 months:

Direct Payroll: \$	Sub-contract Costs: \$	Gross Receipts: \$
-----------------------	---------------------------	-----------------------

Prior Years:

	Direct Payroll:	Sub-Contract Costs:	Gross Receipts:
First Prior	\$	\$	\$
Second Prior	\$	\$	\$
Third Prior	\$	\$	\$

5. Do you have operations other than contracting? YES NO

Covered by other insurance? YES NO

If "YES" please explain: _____

6. If you are a general contractor or developer, are adequate records kept of certificates of insurance and contractual agreements with subcontractors? YES NO

7. Have you worked or will you or your employees work under U.S. Longshoremen's and Harbor Workers' Act or Jones Maritime Act? YES NO

WORK PERFORMED:

8. Indicate the anticipated payroll and costs of construction work you will perform and that which will be subbed over the next 12 months (show any additional type of work in the blank spaces provide):

Type of Work	Direct	Subbed	Uninsured Subs Costs	Type of Work	Direct	Subbed	Uninsured Subs Costs
Blasting				Painting			
Bridge Building				Plastering			
Carpentry				Plumbing			
Concrete				Roofing			
Demolition				Sewer			
Drilling				Steel/Structural			
Quake Repair				Steel/Ornamental			
Electrical				Street/Road			
Excavation				Supervisory Only			
Grading				Construction Mgmt			
Insulation				Water/Gas Mains			
Maintenance							
Masonry							
Mechanical							

9. Roofing Operations? YES NO

If YES, attach the Roofing Questionnaire CSL

10. Indicate the percentage of construction work performed by you:

New Construction	%	Commercial	%	Inside Building	%
Remodeling	%	Residential	%	Outside Building	%
Other	%				

11. Have you or will you work as a construction manager on a fee basis? YES NO

Have you or will you supervise subcontractors whose payments are run through another entity?

YES NO

Please describe: _____

12. Have you ever been involved or will you or any subcontractors be involved with blasting operations or hazardous or unusual work activity? YES NO

If "YES" please explain: _____

13. Have you been involved or will you or your subcontractors be involved in any removal of asbestos, PCB's or other hazardous material? YES NO

Removal or work on fuel tanks or pipelines? YES NO

14. Has or will any of your work involve the construction of, or be for, condominiums or townhouses? YES NO

If YES, is the work new construction? YES NO

Or Repair only? YES NO

Has or will any of your work involve the construction of, or be for, apartments? YES NO

If YES, is the work new construction? YES NO

Type: Senior % _____ HUD % _____ Low Income % _____ Standard %

Any tract homes? YES NO

(If YES, maximum number of homes in tract: _____)

15. Are these operations to be covered by this insurance? YES NO

16. Have you performed or will you or your subcontractors perform any work below grade? YES NO

Maximum depth: _____ % of Operations:

17. Has your work involved or will it involve systems that provide:

Medical and/or industrial life support; process piping? YES NO

Do you work on dams/levees? YES NO

If "YES" please explain: _____

PREVIOUS WORK

18. Describe any significant projects (accounting for more than 10% of total revenue any one year) which you have performed during the past five (5) years: _____

19. Have you built or will you build on hillsides, terraces, landfills, or subsidence areas? YES NO

If "YES" please explain: _____

20. Have you built or will you build/construct buildings or other structures in excess of four (4) stories? YES NO

If "YES" please explain: _____

SUBCONTRACTOR INFORMATION

21. Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked? YES NO

22. Do you require subcontractors to name you as an additional insured and provide endorsement of same? YES NO

Limit Required: _____ Written Contract? YES NO

If NO, during the pendency of the policy to which this application is attached, do you warrant that adequate records of certificate of insurance/additional insured endorsement and contractual agreements with subcontractors will be kept? YES NO

If YES, do you warrant that during the pendency of the policy to which this application is attached you will continue to keep adequate records of certificates of insurance/additional insured endorsement and contractual agreements with subcontractors? YES NO

SAFETY

23. Indicate the type of security used on a project: Fencing Lighting Watchman

24. Do you or will you have a formal safety program in place? YES NO

PRIOR CARRIER

25. List expiring carrier information for the past 3 years:

<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>	<u>Special Exclusions</u>	<u>Form OCC or Claims Made</u>
<u>EXPIRING</u>	\$	\$	\$		
<u>1ST PRIOR</u>	\$	\$	\$		
<u>2ND PRIOR</u>	\$	\$	\$		

LOSS INFORMATION

26. Loss History for the past five (5) years:

<u>Policy Year</u>	<u>Aggregate Losses</u>	<u>No. of Claims</u>	<u>Largest Single Loss</u>	<u>Comments</u>

I _____ hereby attest under penalty of perjury I have had no General Liability losses in the past five (5) years. In the event losses are discovered, for the period in question, our policy premium would be 100% fully earned and subject to cancellation, reformation and/or revocation.

Insured's Signature

Date

27. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability?

YES NO

If YES, please explain: _____

28. During the past five years, has any insurer ever cancelled, declined or refused to issue similar insurance to any applicant?

YES NO

If YES, please explain: _____

29. Is your company aware of any facts, circumstances, incidents, situations, damage or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonable prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?

YES NO

If YES, please explain: _____

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Notwithstanding any of the foregoing, the applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and forms a part of such policy.

Signature of Applicant: _____

Date: _____

Title (Officer, Partner): _____

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE ADMINISTRATIVE AND SERVICING MANAGER TO COMPLETE THE INSURANCE.

CENTURY INSURANCE GROUP
Habitational Supplemental Questionnaire
(Apartments, Hotels, Motels, Dwellings)
(Complete in Addition to Acord Application)

ANSWER ALL QUESTIONS - IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE (NA)

Applicant's Name: _____ Agents Name B&E Insurance Associates I
Mailing Address: _____ Address: 18514 US Hwy 19 North
_____ Suite D2
_____ Proposed Effective Date:
From: _____ To _____

Applicant is: Individual Corporation Partnership Joint Venture Other _____

Property Locations:
Location Name, Street Address, City, County, State, Zip Code

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

A. FIRE PROTECTION

1. Sprinklered? _____ All Units? _____ Common Areas Only? _____
2. Smoke Detectors in each unit? _____ Hard Wired or Battery? _____
Hallway leading to bedroom? _____
3. Fire Extinguishers in common areas? _____ In each unit? _____
4. Separation between buildings? _____

B. SECURITY

Is Security Provided? _____ What Type? Patrol Gated Access Alarm Systems

1. If Patrol, please answer the following questions:
 - a. Armed or unarmed? _____
 - b. Days of week? _____
 - c. 24 hour security? _____
 - d. Independent contractor or employee? _____
 - e. If employee - what is payroll? _____
2. If gated, please answer the following questions:
 - a. Is the entire apartment complex gated? _____
 - b. How is access obtained? _____
 - c. Who is given access? _____
3. If alarm systems are provided, please provide answers to the following questions:
 - a. Are alarm systems in every unit? _____
 - b. Who monitors the alarms? _____

C. DESCRIPTION OF LOCATIONS

	Loc. #1	Loc #2	Loc#3	Loc #4	Loc #5	Loc #6
Years owned by insured						
*Type of occupancy						
Type of construction						
Year built						
Number of stories						
Number of total units						
Number of buildings						
Total square feet						
Manager on premise?						
Monthly rent per unit:						
Apartments: 1 BR						
2 BR						
3 BR						
Other						
Dwellings:						
% of units occupied?						
% of building owner occupied						
% of units rented to others						
% of units subsidized						
% student renters						
Wiring – Copper (or) Aluminum?						
If Aluminum – Single or Multi-Strand?						
Fire walls separating buildings?						
Any wood shake shingle roofs?						
Percentage owner occupied?						
Type of Heating system?						
If space or portable heating – Is it UL electric, kerosene, vented gas, or un-vented gas?						
Any wood burning stoves or fireplaces?						
If yes last time inspected/cleaned?						
Is this on a Historical Register (Local, County, State or National)?						
Any car ports?						
Any fences?						
Protection class						
Is bldg. a retirement/elderly facility? Yes/No						
If Yes Any medical assistance offered?						
If Yes Any emergency pull cords?						
Is bldg. an assisted living facility? Yes/No						
If > 3 stories are interior stairways equipped with self closing/locking fire doors on each floor?						

*Use alpha code listed for type of Occupancy:

- A - Apartment Bldg.
- B - Garden Apts.
- C - Apartment-hotel Or Time Share
- D - Dwelling / One Family
- E - Dwelling / Two Family
- F - Dwelling / Three Family
- G - Dwelling / Four Family
- H - Boarding or rooming house
- I - Fraternity or Sorority house
- J - Motel
- K - Hotel
- L - Condominium

D. RENOVATIONS / MOST RECENT UPDATE

Year and Type of Update	Loc #1	Loc #2	Loc #3	Loc #4	Loc #5	Loc #6
Roof						
Plumbing						
HVAC						
Electric						
Other						

E. GENERAL INFORMATION

1. If there have been any water damage claims within the past 3 years - has the insured taken protective safeguards to ensure this does not happen again? _____ If yes - please describe: _____
2. Have you received any claims for wrongful eviction in the past 5 years? If yes, please provide details _____ How many of these claims were paid? _____
3. Are any of your properties subject to rent control laws? _____

F. SWIMMING POOLS

Loc #'s _____ Diving Boards? Yes No If yes, height: _____

Slides? Yes No Underwater Lighting? Yes No

Steps into shallow end with handrails? Yes No

1. Is the pool area completely surrounded by building walls or fence? Yes No If Yes, height: _____
2. Are gates or doors opening into the pool area equipped with a self-closing and self-latching device? Yes No
3. Are the depth marking clearly shown? Yes No
4. Are warning signs and rules posted and clearly visible? Yes No
5. Is rescue equipment, including a ring buoy and 12-foot pole or shepherd's hook available at poolside? Yes No
6. Is the pool maintained by applicant or outside contractor?
 Applicant Outside Contractor
7. Are lifeguards provided by applicant or outside pool management company?
 Applicant Pool Management Company

G. OTHER RECREATIONAL EXPOSURES

Number of:

Playgrounds _____ Tennis Courts? _____ Racquetball courts _____ Basketball Courts _____

Volleyball courts _____ Baseball fields? _____ Acres of lakes/ponds _____ Boat slips _____

Other: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

The applicant, Agent, and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

FRAUD WORDING:

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.

Applicant: _____ Producer: B&E Insurance Associates Inc.

Signature: _____ Signature: _____

Date: _____ Date: _____

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE (NA)



HOTEL/MOTEL SUPPLEMENT

AGENCY CUSTOMER ID: _____

LOC #: _____

DATE (MM/DD/YYYY)

AGENCY B&E Insurance Associates Inc.		APPLICANT/FIRST NAMED INSURED	
POLICY NUMBER		CARRIER	NAIC CODE
LOCATION OF PROPERTY (COMPLETE THIS SUPPLEMENT FOR EACH APPLICABLE LOCATION)		TYPE OF BUSINESS	
		<input type="checkbox"/> FULL SERVICE	<input type="checkbox"/> RESORT
		<input type="checkbox"/> LIMITED SERVICE	<input type="checkbox"/> CONVENTION/CONFERENCE CENTER
		<input type="checkbox"/> SUITE HOTEL	
NO. OF GUEST ROOMS:	AVERAGE OCCUPANCY RATE:	%	

GENERAL INFORMATION

EXPLAIN ALL "NO" RESPONSES, EXCEPT AS OTHERWISE NOTED	Y/N
1. DOES THE APPLICANT HOST BUSINESS MEETINGS, CONFERENCES OR TRADE SHOWS? IF YES, HOW OFTEN?	<input type="checkbox"/>
2. IS THE PARKING LOT IN GOOD CONDITION AND WELL LIGHTED?	<input type="checkbox"/>
3. DOES THE RESTAURANT OFFER TABLESIDE COOKING? IF YES, DESCRIBE. NUMBER OF TABLES: _____	<input type="checkbox"/>
4. DOES THE RESTAURANT CONTRACT WITH A PEST CONTROL SERVICE?	<input type="checkbox"/>
5. ARE PREPARATION AND SANITATION PROCEDURES FOLLOWED TO PREVENT FOOD BORNE ILLNESS?	<input type="checkbox"/>
6. ARE THE INSURED'S HEATING, REFRIGERATION AND AIR CONDITIONING SYSTEMS REGULARLY CHECKED? IF YES, HOW OFTEN?	<input type="checkbox"/>
7. IS THE STRUCTURE IN COMPLIANCE WITH NFPA 13 AND NFPA 101?	<input type="checkbox"/>
8. ARE ALL ROOMS EQUIPPED WITH SMOKE DETECTORS AND SPRINKLERS?	<input type="checkbox"/>
9. ARE THERE SPECIAL SMOKE OR FIRE ALARM DEVICES IN ROOMS FOR HEARING IMPAIRED GUESTS?	<input type="checkbox"/>
10. ARE FIRE SAFETY MESSAGES POSTED IN ALL ROOMS?	<input type="checkbox"/>
11. IS THERE AN EMERGENCY EVACUATION PLAN IN PLACE?	<input type="checkbox"/>
12. ARE THERE SUFFICIENT AND WELL-ILLUMINATED FIRE EXITS?	<input type="checkbox"/>
13. DO THEY HAVE EMERGENCY LIGHTING?	<input type="checkbox"/>
14. DO INDIVIDUAL GUEST ROOMS HAVE BALCONIES? IF YES, DESCRIBE.	<input type="checkbox"/>
15. ARE BALCONY PLATFORMS AND RAILINGS REGULARLY INSPECTED FOR STRUCTURAL INTEGRITY AND STRENGTH? IF YES, HOW OFTEN?	<input type="checkbox"/>

AGENCY CUSTOMER ID: _____

LOC #: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "NO" RESPONSES, EXCEPT AS OTHERWISE NOTED	Y/N
16. DO SECURITY PERSONNEL CARRY GUNS? IF YES, DESCRIBE TRAINING PROCEDURES.	<input type="checkbox"/>
17. ARE EMPLOYEES TRAINED IN FIRST AID?	<input type="checkbox"/>
18. ARE THE ELEVATORS AND/OR ESCALATORS INSPECTED REGULARLY? IF YES, HOW OFTEN?	<input type="checkbox"/>
19. ARE LAUNDRY FACILITIES PROVIDED? IF YES, DESCRIBE.	<input type="checkbox"/>
20. DOES THE INSURED ALLOW GUESTS TO STORE VALUABLES IN THE HOTEL SAFE?	<input type="checkbox"/>
21. ARE ALL ENTRANCES LOCKED OR MONITORED AT NIGHT?	<input type="checkbox"/>
22. ARE THERE ANY FACILITIES THAT WILL DRAW CROWDS TO THE UPPER FLOORS? IF YES, DESCRIBE.	<input type="checkbox"/>
23. DOES THE INSURED HAVE A POLICY OF PROVIDING ALTERNATE ACCOMMODATIONS? IF YES, DESCRIBE.	<input type="checkbox"/>

REMARKS

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. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.