

PLEASE SEND COMP	LETED QUESTIO	NNAIRE TO:	: SUBMISSI	ONS@ISCM	GA.COM	I (NO ACORD REQ	UIRED)	
Type of Application:	New Rer	ewal				Expiring Policy # Surplus Lines Pro		
Requesting quote for:	GENERAL LIABIL GENERAL LIABIL PACKAGE (GL, LI	ITY & LIQUOR		RTY)		City/State:		
Desired Policy Period:	From:	To:						
GL Limit requested:	\$300,000/\$600,000	\$500,000)/\$1MM	\$1MM/\$2MM				
Liquor Limit requested: A&B Limit requested:			/\$250,000	\$300,000/\$3 \$100,000	00,000	\$500,000/\$500,000 \$300,000	\$1MM/\$1MM \$500,000	\$1MM/\$2MM \$1 MM
APPLICANT INFORM.	ATION							
1. Applicant:			DBA:					
2. Mailing Address: _	(Legal Entity Name)		2 2,					
3. Location Address: _								
4. Loss Control Contac								
5. Website:			1110110					
6. Type of Entity:		Individual	Dartnarchi	n Joint \	Venture	LLC		
· · · · · · · · · · · · · · · · · · ·	·			•				
7. Is the applicant a m				n or similar p	rotessior	nai organization?		
■ If Yes, Which o	organization?							
GENERAL OPERATIO	NS INFORMATIO	N						
1. Description of Oper	rations:							
·	Pub/Tavern	Wina Par	Nightclul	o/I oupgo	Dill	ards	Charte Bar (N	la Entartainmant
Restaurant		Wine Bar	•	•		ards	Sports Bar (N	lo Entertainment
Microbrewery	Cigar Bar	Craft Beer	Adult Clu	D	Pad	ckage Good Store		
2. Hours & Days of O	peration:							
3. Maximum Capcity	: Bar:	Dir	ning:		Patio:			
4. Date business star	ted under current	ownership:						
5. Number of years e								
6. Number of employ							urity:	
7. Does the applican		ny Teen or "U	nder 21 nigh	ts", or permit	custom	ers under the age of	21 in the bar are	a?
8. Is your operation p		Da way hay		:2				
 Do you offer table Is there any cooking 	=	•	ve table serv	ice?				
11. Median Age of Pat			% 30-40	% 4	0 and ov	er %		
12. Is there sponsorsh			_70	/u	o and ov	C1/3		
	describe:							
14. Does the applican			ny items for :	sale?				
	describe:		liah +2					
15. Do college studen	ts frequent the app do they comprise			clientala?	0/-			
16. If Adult Club, is ful			u allow unde		/0			

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PLEASE PROVIDE ANNUAL SALES FOR FOOD AND ALL ALCOHOLIC BEVERAGES (LIQUOR, BEER, AND WINE

	Alcohol On-Premises Sales	Alcohol Take-Out Sales	Food Sales	Other Sales*	Total Sales
Next 12 Months	\$	\$	\$	\$	\$
Past 12 Months	\$	\$	\$	\$	\$

*Describe other sales (i.e. catering, gaming, admissions – if catering provide breakout between food & alcohol):

If there are on-premises and take-out alcohol sales, does the applicant keep separate sales records for on-premises and take-out alcohol sales?

PREMISE SAFETY INFORMATION

- 1. Does the applicant have a building maintenance program?
- 2. Is the building sprinklered?
- 3. Are all exits properly marked and lighted?
- 4. Is a secondary means of egress (exits) provided for each floor having public access?
- 5. Does the applicant have generators in place to protect stock in the event of a power outage?
- 6. Are all smoke detectors properly maintained?
- 7. Is there a fire extinguishing system in the kitchen?
- 8. Are there any apartments or other type of occupancies in the building?
- 9. Does the kitchen have a deep fat fryer?
 - If so, is it protected by an automatic fire extinguishing system?
 - Is this system UL 300/NFPA compliant?
 - Is system wet?
 - Is this system equipped with automatic fuel shutoffs?
- 10. Is a cleaning of the hood and duct system performed at least every 6 months?
 - Is the hood and duct system cleaned by an outside contractor?
 - Does the applicant receive a certificate of insurance from the contractor?
- 11. Is the kitchen equipped with UL listed grease extractors?
- 12. What is the frequency of cleaning of the grease extractors? Weekly Monthly Annually Other: _____
- 13. Does the applicant have any mechanical rides, climbing walls, foam machines or inflatables?
- 14. Does the applicant conduct any physical contests or events inside or outside the facility?
- 15. Is the risk located on a beach, vessel, dock or pier?
- 16. Has the applicant ever been cited for building code, health or liquor violations?
 - If Yes, describe citation: _____
- 17. Does the applicant perform regular sweeping/mopping and/or floor inspections?
 - Are logs kept for all cleaning operations?
- 18. Does the applicant contract snow/ice removal?
- 19. Does the applicant receive certificates of insurance from all contractors, subcontractors and suppliers?
- 20. Is the parking lot maintained and does it have adequate lighting?
- 21. Do emergency exits have a release inside regardless of time of day/night, that will allow people to exit in case of emergencies?

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If yes, check ALL that are applicable to each form of entertainment	ENTERTAINMENT INFORMATION
■ If yes, check ALL that are applicable below:	If applicant has more than 1 location, specify location number applicable to each form of entertainment
Juke Box DJ: # of days per week: Karaoke: # of days per week: Solo musician/vocalist: # of days per week. Exotic/go-go dancers/adult entertainment Live Band: # of days per week: Cherricology of the content of the co	1. Does the applicant have entertainment?
Exotic/go-go dancers/adult entertainment Live Band: #of days per week: Other; describe: Other; describe: Other; describe: Other; describe: 3. Type of music: Top 40 Country Classic Rock & Roll Soft Rock Jazz Alternative Rap R&B Disco Background/Ambiance Music Other: If yes, # of days per week: Size of dance floor: square feet S. Do you move tables to create a dance space? If yes, provide sq ft of space and number of days used: G. How often is the floor inspected for slip and fall hazards? If Yes, does it have a railing around the entire floor? 7. Does the applicant have any of the following? Pool Tables Gambling Machines If Yes, # of Pool Table: Gambling Machines If Yes, # of Pool Table: Sports Facilities on premises i.e. volleyball, softball, basketball, swimming pool, etc. If Yes, # of Pool Table: Sports Facilities on premises i.e. volleyball, softball, basketball, swimming pool, etc. If Yes, # of Pool Table: LIQUOR LIABILITY INFORMATION 1. Name of Liquor License Holder & License Number: 2. Lowest Beer price offered, not including happy hour or other promotions (check only one): If Yes, explain: S. Within the past 5 years, has the applicant had a liquor license suspended or revoked or been fined/cited for violations of a law or ordinance related to the sale of alcohol (sales after hours, sales to minors, etc.)? If Yes, # of times & explanation for each: In the past 5 years, has the applicant had a liquor license suspended or revoked or been fined/cited for violations of a law or ordinance related to the sale of alcohol (sales after hours, sales to minors, etc.)?	If yes, check ALL that are applicable below:
Live Band: #of days per week:Other; describe:	Juke Box DJ: # of days per week: Karaoke: # of days per week: Solo musician/vocalist: # of days per week:
2. If the applicant has bands or DJs as part of the entertainment, are pyrotechnics allowed? 3. Type of music: Top 40	Exotic/go-go dancers/adult entertainment Stage/floor show or contests; describe:
3. Type of music: Top 40 Country Classic Rock & Roll Soft Rock Jazz Alternative Rap R&B Disco Background/Ambiance Music Other:	Live Band: #of days per week: Other; describe:
Background/Ambiance Music Other:	2. If the applicant has bands or DJs as part of the entertainment, are pyrotechnics allowed?
If yes, # of days per week: If yes, # of days per week: If yes, # of dance floor:square feet 5. Do you move tables to create a dance space? If yes, provide sq ft of space and number of days used: 6. How often is the floor inspected for slip and fall hazards? Is the floor raised? If Yes, does it have a railing around the entire floor? 7. Does the applicant have any of the following? Pool Tables	3. Type of music: Top 40 Country Classic Rock & Roll Soft Rock Jazz Alternative Rap R&B Disco
 If yes, # of days per week: Size of dance floor:square feet 5. Do you move tables to create a dance space? If yes, provide sq ft of space and number of days used:	Background/Ambiance Music Other:
Size of dance floor:square feet 5. Do you move tables to create a dance space? If yes, provide sq ft of space and number of days used: 6. How often is the floor inspected for slip and fall hazards? Is the floor raised? If Yes, does it have a railing around the entire floor? 7. Does the applicant have any of the following? Pool Tables	4. Is dancing allowed?
If yes, provide sq ft of space and number of days used: If yes, provide sq ft of space and number of days used: If yes, does it have a railing around the entire floor? 7. Does the applicant have any of the following? Pool Tables If Yes, # of Pool Table: Gambling Machines If Yes, # of Pool Table: Gambling Machines If Yes, # of Pool Table: Sports Facilities on premises i.e. volleyball, softball, basketball, swimming pool, etc. If Yes, # of Pool Table: Sports Facilities on premises i.e. volleyball, softball, basketball, swimming pool, etc. If Yes, # of Pool Table: LIQUOR LIABILITY INFORMATION 1. Name of Liquor License Holder & License Number: 2. Lowest Beer price offered, not including happy hour or other promotions (check only one): \$1-\$1.99 \$2-\$4.99 \$5+ 3. Lowest Liquor/Wine price offered, not including happy hour/promotions (check only one): If Yes, # of Pool Table: 1. Yes, # of Imalian # Of Pool Table: 1. Yes, # of Imalian # Of Pool Table: 1. Yes, # of Imalian # Of Pool Table: 1. Yes, # of Imalian # Of Pool Table: 1. Yes, # of Imalian # Of Pool Table: 1. Yes, # of Imalian # Of Pool Table: 1. Yes, # of Imalian # Of Pool Table: 1. Yes, # of Imalian # Of Pool Table: 1. Yes, # of Imalian # Of Pool Table: 1. Yes, # of Imalian # Of Pool Table: 2. Yes, # of Pool Table: 3. Yes, # of Pool Table: 4. Yes, # of Pool Table: 2.	■ If yes, # of days per week:
■ If yes, provide sq ft of space and number of days used:	Size of dance floor:square feet
If Yes, does it have a railing around the entire floor? To Does the applicant have any of the following? Pool Tables	5. Do you move tables to create a dance space?
■ If Yes, does it have a railing around the entire floor? 7. Does the applicant have any of the following? Pool Tables	■ If yes, provide sq ft of space and number of days used:
7. Does the applicant have any of the following? Pool Tables If Yes, # of Pool Table: Arcade Games If Yes, # of Pool Table: Gambling Machines If Yes, # of Pool Table: Mechanical Riding Machines If Yes, describe: Sports Facilities on premises i.e. volleyball, softball, basketball, swimming pool, etc. If Yes, # of Pool Table: Sports Facilities on premises i.e. volleyball, softball, basketball, swimming pool, etc. If Yes, # of Pool Table: LIQUOR LIABILITY INFORMATION 1. Name of Liquor License Holder & License Number: 2. Lowest Beer price offered, not including happy hour or other promotions (check only one): \$1-\$1.99 \$2-\$4.99 \$5+ 3. Lowest Liquor/Wine price offered, not including happy hour/promotions (check only one): \$1-\$2.99 \$3-\$5.99 \$6+ 4. Are alcohol discounts cheaper than 50% off or 2 for 1? If Yes, explain: 5. Within the past 5 years, has the applicant had a liquor license suspended or revoked or been fined/cited for violations of a law or ordinance related to the sale of alcohol (sales after hours, sales to minors, etc.)? If Yes, # of times & explanation for each:	6. How often is the floor inspected for slip and fall hazards? Is the floor raised?
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Gambling Machines	Pool Tables If Yes, # of Pool Table:
Mechanical Riding Machines If Yes, describe:	Arcade Games If Yes, # of Pool Table:
Sports Facilities on premises i.e. volleyball, softball, basketball, swimming pool, etc. If Yes, # of Pool Table:	Gambling Machines If Yes, # of Pool Table:
1. Name of Liquor License Holder & License Number:	Mechanical Riding Machines If Yes, describe:
 Name of Liquor License Holder & License Number:	Sports Facilities on premises i.e. volleyball, softball, basketball, swimming pool, etc. If Yes, # of Pool Table:
 Name of Liquor License Holder & License Number:	
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5. Within the past 5 years, has the applicant had a liquor license suspended or revoked or been fined/cited for violations of a law or ordinance related to the sale of alcohol (sales after hours, sales to minors, etc.)? • If Yes, # of times & explanation for each:	
ordinance related to the sale of alcohol (sales after hours, sales to minors, etc.)? • If Yes, # of times & explanation for each:	
■ If Yes, # of times & explanation for each:	
! !	
7. Does the applicant require all alcohol serving or selling employees be certified by a formal alcohol-awareness training program?	
 If yes, give the name of the training program (BEST, RAMP, TIPS, TAM, etc.): 	
8. Does the applicant have procedures in place to regulate the sale of alcohol to intoxicated customers and to minors?	
9. Are the applicant's employees required to check age identification of customers who appear to be under the age of 25?	
10. Does the applicant allow customers to order more than one drink at last call?	
11. Does the applicant allow employees or independent contractors to consume alcohol on the premises while on the job?	

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12. Does the applicant have a drive-through operation for the sale of alcohol?

13. Does or will the applicant ever offer bottle service or set-ups?



LIQUOR LIABILITY INFORMATION (CONTINUED)

4.	Does	or	will	the	app	licant	ever	offer?
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- a. Any drink specials/happy hours?
 - If yes: # of days per week: ______
- b. Drink specials/happy hours lasting longer than 3 hours?
- c. Drink specials/happy hours after 9:00pm?
- d. Single drink servings larger than 24 ounces?
- e. Complimentary drinks?
- f. "All you can drink" specials?
- g. "Flaming shots"
- h. Vaporized Alcohol
- i. Nitrogen Drinks
- j. Are IDs checked at the door or at the time of service?
- k. Are electronic devices used to verify integrity of ID presented?
- 15. Is BYOB permitted?
 - If yes, does the establishment have a wait staff that actively monitors all alcohol consumption, and requests a valid ID from all patrons?
 - Are patrons permitted to bring hard alcohol on the premises?
- 16. Does the applicant allow games such as beer pong or other alcohol related games regardless if played with alcohol or water?
 - If yes, describe: _____
- 17. Does the applicant participate in any poker run or pub crawl events?
 - If yes, describe:
- 18. Does the applicant allow take out alcohol?
 - If Yes, is the amount of take-out alcohol limited per order?
 - If Yes, explain: ________
 - What kind of container(s) is take-out alcohol served in?

SECURITY INFORMATION

- 1. Does the applicant use bouncers, I.D. checkers or security personnel?
 - If Yes, how many are used during peak periods?
- 2. Does the applicant hire any contracted security service?
 - If Yes, are certificates of insurance obtained and the applicant named as an additional insured?
- 3. Are background checks completed on all security employees?
- 4. Does the applicant engage off-duty police officers for work in or about the premises?
- 5. Are firearms permitted or kept on-premises?
- 6. Are incident logs documenting when a person was refused service or other alcohol-related events maintained?
- 7. Does the applicant have video surveillance?
 - If Yes, how many days are video tapes kept?
- 8. Has any law enforcement visited the premises over the previous 3 years?
 - If yes, describe incidents: ______

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AUTOMOBILE INFORMATION

- 1. Is Hired and Non-Owned Auto Coverage Requested?
 - What limit of insurance is requested?
- 2. Are there any catering operations?
- 3. Does the applicant offer delivery by either employees or third-party service?
 - If Yes to question 2 or 3, are there any employee personal vehicles used?
 - # of personal vehicles used:
- 4. Does the applicant regularly review all driver's motor vehicle records for acceptability?
- 5. Does the applicant have valet parking services?

1 Does the applicant participate in any event off-premise?

7. What ventilation methods are used with the heaters? __

- If Yes, is parking performed by a valet contracted service?
- Are certificates of insurance obtained and is the applicant named as an Additional Insured?

SPECIAL EVENT INFORMATION

i. Boes the applicant participate in any event on premise.	
If Yes, describe:	
2. How many times in a year do you participate in events?	
3. How many days on average do you participate in each event?	
4. Do you serve alcohol during these events?	
5. How many people, per event, attend?	
6. Do you usually need additional insureds for these events?	
The company Underwriter may have additional questions deper	nding on the information provided on the event.

TENTS

i. Are there any tents or similar structures erected outside patron use?
■ If Yes, provide the sq ft
2. What is the capacity allowed inside the structure?
3. Where is the structure located on your premise?
4. Indicate the months of the year this will be in use:
5. Who erected the structure?
Explain how it is secured:
6. Are you using heaters near or inside?
■ If yes describe the type of heater and how many are used:

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PRO	PERTY SECTI	ON (PLEASE (COMPLETE IF	PROPERTY CO	OVERAGE IS REQUES	STED)		
1 0	Building Limit:	\$		DC	or ACV:		Coinsurance:%	
	contents:	\$			or ACV:		Coinsurance:%	
		Ψ ts: \$			or ACV:		Coinsurance:%	
		·			at Mon	thly Indemnity	2011341411ec	
		φ		. 165 146		ing macrimity		
			min.): \$					
	•	• •	•		s: Square Foota	ae of Buildina:	Number of Stories:	
					(year) E			
					(rear)			
		ear or on the wa			()			
	•		tance (f	eet/miles)				
d.	Smoke Detect			, ,				
e.	Sprinkler Syst	ems						
		at percent?	%					
f			Central St	tation Grad	de:			
		· ·						
ELAD	EMPLOYEE/HIRING INFORMATION							
EMP	LOYEE/HIRIN	IO INFORMAT	ION					
1. D 2. C 3. D	oo hiring proce an cashiers tal	edures include k mper with cust cant have a writ	packground che omer's checks o ten Sexual Hara	or register recei _l assment Policy?	and references? ots? ee theft?			
1. D 2. C 3. D	oo hiring proce an cashiers tal	edures include k mper with cust cant have a writ	packground che omer's checks o ten Sexual Hara	or register recei _l assment Policy?	ots?			
1. D 2. C 3. D 4.W	oo hiring proce an cashiers tal	edures include k mper with cust cant have a writ	packground che omer's checks o ten Sexual Hara	or register recei _l assment Policy?	ots?			
1. D 2. C 3. D 4.W	oo hiring proce an cashiers tal ooes the applic hat controls/p HISTORY e past 3 years, m, whether ins	edures include k mper with cust ant have a writ procedures are i	packground che omer's checks o ten Sexual Hara n place to limit, nt had any Prop	or register recei _l assment Policy? /control employ	ots? ee theft?		lents that might give rise to such	
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1. D 2. C 3. D 4.W LOSS In the	oo hiring proce an cashiers tal ooes the applic hat controls/p HISTORY e past 3 years, m, whether ins	edures include k mper with cust ant have a writ procedures are i has the applica sured or not? ase provide det	oackground che omer's checks o ten Sexual Hara n place to limit, ant had any Prop cails: Amount Paid	er register receipessment Policy? /control employ Derty, General Li Amount Reserved	ee theft?ability or Liquor Liabilit	y claims or incid		
1. D 2. C 3. D 4.W	oo hiring proces an cashiers talloos the application of the second of the controls of the control of	edures include k mper with cust cant have a writ crocedures are i has the applica sured or not? ase provide det	packground che omer's checks o ten Sexual Hara n place to limit, ant had any Prop	or register receip assment Policy? /control employ berty, General Li	ee theft?ability or Liquor Liabilit	y claims or incid	lents that might give rise to such	
1. D 2. C 3. D 4.W LOSS In the	oo hiring proces an cashiers talloos the application of the second of the controls of the control of	edures include k mper with cust cant have a writ crocedures are i has the applica sured or not? ase provide det	oackground che omer's checks o ten Sexual Hara n place to limit, ant had any Prop cails: Amount Paid	er register receipessment Policy? /control employ Derty, General Li Amount Reserved	ee theft?ability or Liquor Liabilit	y claims or incid	lents that might give rise to such	
1. D 2. C 3. D 4.W LOSS In the	oo hiring proces an cashiers talloos the application of the second of the controls of the control of	edures include k mper with cust cant have a writ crocedures are i has the applica sured or not? ase provide det	oackground che omer's checks o ten Sexual Hara n place to limit, ant had any Prop tails: Amount Paid \$	er register receiperssment Policy? /control employ Derty, General Li Amount Reserved \$	ee theft?ability or Liquor Liabilit	y claims or incid	lents that might give rise to such	
1. D 2. C 3. D 4.W LOSS In the a clai	oo hiring proces an cashiers talloos the application of the second of the controls of the control of	edures include k mper with cust cant have a writ crocedures are i has the applica sured or not? ase provide det	oackground che omer's checks o ten Sexual Hara in place to limit, ant had any Prop tails: Amount Paid \$	er register receiperssment Policy? /control employ oerty, General Li Amount Reserved \$	ee theft?ability or Liquor Liabilit	y claims or incid	lents that might give rise to such	

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ADDITIONAL INSUREDS						
Is coverage needed for Additional Insu Name/Address/Interest: Name/Address/Interest: Name/Address/Interest:						
Is coverage needed for Additional Insu Name/Address/Interest: Name/Address/Interest: Name/Address/Interest:						
CURRENT COVERAGE INFORMAT	ION					
1. Does the applicant carry <i>General L</i> If Yes, effective from: Assault & Battery Excluded? If No, Limits: \$	to	Insurer:			Expiring	Premium:\$
Has any insurer cancelled or non-rule of the second of the		•	•			
2. Does the applicant carry <i>Liquor Lic</i> If Yes, effective from: Assault & Battery Excluded? If No, Limits: \$ Has any insurer cancelled or non-re If Yes, explain: 3. Does the applicant carry <i>Property</i> If Yes, effective from: Assault & Battery Excluded? If No, Limits: \$ Has any insurer cancelled or non-re	enewed Liquor L insurance? to	Insurer:	rage in the p	oast 3 years? Limits: \$		
If Yes, explain:						
APPLICANT'S WARRANTY STATEN	1ENT					
I warrant that the information provided in this Ap information provided in this Application is materi incident, occurrence, event or material change in the insurance policy applied for which would renin writing to the Company and the Company mainsurance. Company may, but is not required, to I limit such investigation does not constitute a wai	al to acceptance of the the Applicant's operat der inaccurate, untrue y withdraw or modify a make investigation of t	e risk and the issua tion taking place b or incomplete, an any outstanding q the information pr	ance of the requ between the dat ny information pr quotations and/or	ested policy by Company e this application was sig ovided in this Application void any authorization o	N. I agree that any claim, ned and the effective da n, will immediately be re or agreement to bind the	ate of eported
FRAUD STATEMENT						
Any person who knowingly presents a false or fra insurance may be guilty of a crime and may be su				gly presents false informa	ation in an application fo	or
Signature of Applicant		Title	:	Date:		
The undersigned hereby warrants and certifies the completed copy hereof has been given to the Ap					then signed by the Appl	icant; that a
Retail Agency:					h:	_
Retail Agency Signature:		Date	<u>; </u>			

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