



Salt Lake City Area Office
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Chicago, IL 60606
800-456-4576 • Fax 888-408-8081

ASSAULT & BATTERY

A. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____ Applicant's SS# or FEIN: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____ Producer's Name: _____

Detailed description of business activities (specifically, and by location): _____

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Is this a new business? Yes No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: _____

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: _____

Annual Payroll: \$ _____ Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

B. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? Yes No

Completed Claims and Loss History form attached (REQUIRED)? Yes No

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

C. Other Insurance

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

D. Desired Insurance

Limit of Liability:

Per Act/Aggregate

OR

Per Person/Per Act/Aggregate

<input type="radio"/>	\$20,000/\$80,000	<input type="radio"/>	\$10,000/\$20,000/\$80,000
<input type="radio"/>	\$30,000/\$60,000	<input type="radio"/>	\$15,000/\$30,000/\$60,000
<input type="radio"/>	\$50,000/\$100,000	<input type="radio"/>	\$25,000/\$50,000/\$100,000

<input type="radio"/>	\$100,000/\$100,000	<input type="radio"/>	\$50,000/\$100,000/\$200,000
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

E. Business Activities:

1. Please list total gross receipts: \$ _____

If none, please list: _____ # of Days _____ # of People

2. Person providing accounting and tax services:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Business Telephone Number: _____ Fax: _____

3. Does Applicant have bouncers/security guards checking ID's? Yes No

If yes, please describe the procedure followed when persons who are not allowed attempt entry: _____

4. Are the bouncers/security personnel off-duty law enforcement officers? Yes No

5. Are security personnel trained in fire safety? Yes No

6. Are security personnel trained in evacuation safety? Yes No

7. Are the security personnel required to have basic security training? Yes No

If yes, please list where or from whom security personnel receive basic training: _____

8. Describe in detail any and all duties of the bouncer or security personnel _____

9. Describe any and all Hold Harmless Agreements and what they are used for and attach a copy of each agreement: _____

10. Are metal detectors used at entrances to the Applicant's premises? Yes No N/A

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name