

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

SOCIAL PAINTING AND DIY ART STUDIOS SUPPLEMENTAL APPLICATION



TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)
All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Email address: _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

1. Describe in detail operations the insured performs to confirm the policy accurately reflects the appropriate exposures including on and off premises activities:

2. Are classes limited to Social BYOB/DIY Art Studio activities?..... Yes No

If classic Art Instruction or Art Lessons are offered in addition to Social Painting:

a. Is coverage provided elsewhere for these operations Yes No

b. If no, check all that apply and provide maximum number of Students per session:

Children / Young Adult Classes (8-18): _____ Adult Only: _____ Adult / Children: _____

3. Provide annual estimated:

Receipts: _____ Classes: _____ Food or Beverages: _____ (or N/A)

Payroll: _____ Subcontractor costs (if any): _____

4. Hours of Operation:

a. Art Instruction – Other than Social Painting / DIY Art Studio or N/A

Days of the Week: _____

Hours of Operation: _____

b. Social Painting / DIY Art Studio

Days of the Week: _____

Hours of Operation: _____

5. Operations Conducted located **ON** Premises Owned Or Leased By The Applicant?

GENERAL PREMISES INFORMATION

Floor Surface: Carpet Tile Combination ____% Carpet ____% Tile

Are all public areas indoors and outdoors well lit? Yes No

Aisles kept clear of personal items, chairs or stools to prevent trip and fall hazards? Yes No

In order to prevent overcrowding, is there a limit to the class size? Yes No

- Maximum customers per session: _____
- Maximum customers per table: _____

For sessions where easels (other than table type) are used is adequate space provided? Yes No

6. Provide complete details to all **NO** responses:

7. **ALCOHOL CONSUMPTION:**

When Customers Bring Their Own or N/A

- a. Have all employees or volunteer staff completed an Alcohol Awareness Program (TIPS, TAM etc)?... Yes No
- b. Is there a limit as to the type and quantity of alcohol customers are permitted to bring? Yes No
- c. Does the Applicant verify the customers are of legal age to consume alcohol at each session?..... Yes No
- d. Are sessions where alcohol is permitted limited to adults only? Yes No
- e. Do all customers serve themselves? Yes No
- f. Is there a written employee handbook outlining staff responsibilities? Yes No
- g. Will staff permit a customer to continue to consume alcohol if they become obviously intoxicated? Yes No
- h. Do staff members have the authority to require a customer to cease alcohol consumption? Yes No
- i. When a customer arrives to the class in an intoxicated state, will employees ask they not participate? Yes No
- j. Does the Applicant have a process in place to contact a 3rd party transportation company if needed? Yes No

When Alcohol Served Or Sold By The Applicant or N/A

- k. Have all employees or volunteer staff completed an Alcohol Awareness Program (TIPS, TAM etc)?... Yes No
- l. Is alcohol limited to beer and/or wine only? Yes No
- m. Does the Applicant verify the customers are of legal age to consume alcohol at each session?..... Yes No
- n. Is there a written employee handbook outlining staff responsibilities? Yes No
- o. Will staff permit a customer to continue to consume alcohol if they become obviously intoxicated? Yes No
- p. Do staff members have the authority to require a customer to cease alcohol consumption? Yes No
- q. When a customer arrives to the class in an intoxicated state, will employees ask they not participate? Yes No
- r. Does the Applicant have a process in place to contact a 3rd party transportation company if needed? Yes No
- s. Provide complete details to all **NO** responses:

8. Operations Conducted **Away** From Premises Owned Or Leased By The Applicant or N/A

GENERAL PREMISES INFORMATION

- a. Steps are taken to reduce potential property damage to the hosts' property? Yes No
- b. All supplies and equipment provided by the Applicant are inspected before each use? Yes No
- c. The venue is solely responsible for providing an area suitable for the number of attendees? Yes No
- d. The venue or host is responsible for all seating and fixtures (other than easels)? Yes No
- e. The venue provides a certificate of insurance that provides liability coverage for their own property? . Yes No
- f. The Applicant request additional insured status where liquor is served by others? Yes No
- g. Provide complete details to all **NO** responses:

ALCOHOL CONSUMPTION

- h. Has the Applicant's staff completed an Alcohol Awareness Program (TIPS, TAM etc)? Yes No
- i. Does the venue verify the customers are of legal age to consume alcohol at each session?..... Yes No
- j. Are sessions where alcohol is permitted limited to adults only? Yes No
- k. Does the employee handbook or protocol outline responsibilities when on premises of others? Yes No
- l. Do staff members have the authority to request the venue to cease alcohol service to a patron? Yes No
- m. When a customer arrives to the class in an intoxicated state, will employees ask they not participate? Yes No
- n. The venue is solely responsible for contacting a 3rd party transportation company if needed?..... Yes No
- o. Provide complete details to all **NO** responses:

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT – FOR THE STATE(S) OF:

Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*.) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

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 other 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 containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other 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.

Maine, Tennessee, Virginia, Washington:

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, Nebraska, 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio

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.

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 presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

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 such person to criminal and civil penalties.

Producer's Signature

Date

Applicant's Signature

Date