



Supplemental Application For
Independent Retailers

Business Owners Policy

Coverage Provided By
SilverStone Group

Application Information

1. Effective Date for Coverage: _____

2. Business Name: _____

(if more than one entity/subsidiary, please attach description and % owned for each)

Corp LLC Partnership Other (specify S Corp) _____

Contact Name: _____

Contact Phone: _____

Contact E-mail: _____

3. Date Business Established/Years in Business: _____

4. Employer Federal Tax I.D. Number: _____

5. Annual Gross Receipts: \$ _____



Property Section

| | | | | | | | |
|--|---|--|----------------------|----------------|---------------|---|-------------|
| Location 1 <small>(Primary Location)</small> | Address: _____ | | | | | | |
| | City: _____ | | State: _____ | | Zip: _____ | | |
| | Do you Lease or Own the building? <input type="checkbox"/> Lease <input type="checkbox"/> Own | | | | | | |
| | Building Limit Desired | Contents Limit Desired | Construction Type | Square Feet | Year Built | Number of Stories | Sprinklered |
| \$ _____ | \$ _____ | <input type="checkbox"/> Frame <input type="checkbox"/> Masonry | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|---|--|----------------------|----------------|---------------|---|-------------|
| 6. Location 2 <small>(if applicable)</small> | Address: _____ | | | | | | |
| | City: _____ | | State: _____ | | Zip: _____ | | |
| | Do you Lease or Own the building? <input type="checkbox"/> Lease <input type="checkbox"/> Own | | | | | | |
| | Building Limit Desired | Contents Limit Desired | Construction Type | Square Feet | Year Built | Number of Stories | Sprinklered |
| \$ _____ | \$ _____ | <input type="checkbox"/> Frame <input type="checkbox"/> Masonry | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

7. Property Deductible Desired (A Minimum Deductible of \$500 will be quoted unless otherwise specified):
\$ _____

8. Additional Insured/Loss Payee or Mortgagee: Yes No

If yes, list name, address, contact and phone AND please provide a copy of the contract.

Name: _____

Address: _____

Contact: _____ Phone: _____

Please submit additional copies of this page if not all locations can be listed here.

Workers' Compensation Section

10. Total number of employees/estimated annual payroll:

| | Number of Employees* | Annual Payroll |
|--------------|----------------------|----------------|
| Clerical | _____ | \$ _____ |
| Retail | _____ | \$ _____ |
| TOTAL | _____ | \$ _____ |

* Include owners, officers and partners. If zero, please indicate.

11. Officers/Owners

| Name of Officer | Percentage of Ownership | Included or Excluded From Coverage | Salary |
|-----------------|-------------------------|--|----------|
| _____ | _____ % | <input type="checkbox"/> Included <input type="checkbox"/> Excluded | \$ _____ |
| _____ | _____ % | <input type="checkbox"/> Included <input type="checkbox"/> Excluded | \$ _____ |
| _____ | _____ % | <input type="checkbox"/> Included <input type="checkbox"/> Excluded | \$ _____ |
| _____ | _____ % | <input type="checkbox"/> Included <input type="checkbox"/> Excluded | \$ _____ |

Automobile Section

1. Do employees use their own vehicles regularly (daily/weekly) for business? Yes No

Describe use: _____

2. Does the company own any Auto? Yes No

If yes, please complete the Auto Supplemental Application.



Automobile Supplemental Section

List of Vehicles: (Provide the following information for each vehicle along with any loss payee information and include a copy of your current declarations page. Use a separate page if necessary.)

1. Year: _____ Make: _____ Model: _____
VIN: _____ Value: \$ _____
Bank or Lienholder: Yes No If yes, include the following:
Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
2. Year: _____ Make: _____ Model: _____
VIN: _____ Value: \$ _____
Bank or Lienholder: Yes No If yes, include the following:
Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
3. Year: _____ Make: _____ Model: _____
VIN: _____ Value: \$ _____
Bank or Lienholder: Yes No If yes, include the following:
Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Drivers' List: (Provide the following information for each employee driver. Use a separate page, if necessary.)

1. Name: _____ DOB: _____
Driver's License Number _____ State: _____
2. Name: _____ DOB: _____
Driver's License Number _____ State: _____
3. Name: _____ DOB: _____
Driver's License Number _____ State: _____
4. Name: _____ DOB: _____
Driver's License Number _____ State: _____
5. Name: _____ DOB: _____
Driver's License Number _____ State: _____

Optional Quotes Available

Umbrella Employment Practices Liability

AGREEMENT

IT IS UNDERSTOOD THE PERSON WHO HAS INDICATED HIMSELF/HERSELF AS AUTHORIZED REPRESENTATIVE IS CERTIFYING THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO ALL QUESTIONS ON THE PREVIOUS PAGES OF THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

AUTHORIZED REPRESENTATIVE

DATE

TITLE

