



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

If no to any of the questions above, the account must be declined

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:

If no to any of the questions above, the account must be declined

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

Consideration must be made for any contractual assumption of risk due to the availability of hard alcohol and unmonitored consumption, or any agreements where the insured holds the venue harmless

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

For insureds with mobile services exposure:

- Private parties hosted in private homes. It is not always known whether homeowners or tenant liability is available; therefore, consideration must be made for injury or damage arising directly out of the Applicants acts or actions or for their vicarious liability in the event no other coverage exists
 - Traveling events at restaurants: this would be the least desirable if Liquor Liability were requested or an AI status to the restaurant hosting the party due to the availability of hard liquor and unmonitored consumption. Consideration must be made for any contractual assumption of risk on the part of the Applicant.
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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:

If no to any of the questions above, the account must be declined

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, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota,

Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: 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.

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

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.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: 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.

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

New Jersey: 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.

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.

Producer's Signature

Date

Applicant's Signature

Date