



BUSINESS OWNERS APPLICATION

DATE (MM/DD/YYYY)
4/30/2013

AGENCY	PHONE (A/C, No, Ext): (630)613-9473 FAX (A/C, No): (630)613-9674	COMPANY	NAIC CODE
Guild Insurance Inc 17W715 Butterfield Rd-Suite F Oakbrook Terrace IL 60181		COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE:
CODE:	SUB CODE:	NEW <input type="checkbox"/> EFFECTIVE DATE	EXPIRATION DATE
AGENCY CUSTOMER ID	00001336	DIRECT BILL <input type="checkbox"/> PAYMENT PLAN	AGENCY BILL <input type="checkbox"/>
QUOTE <input type="checkbox"/>	ISSUE POLICY <input type="checkbox"/>	POLICY TYPE	DEPOSIT
BOUND (DATE):		STD <input type="checkbox"/> SPEC <input type="checkbox"/>	\$

APPLICANT INFORMATION

NAME (First Named Insured)	INDIVIDUAL <input type="checkbox"/>	LLC <input type="checkbox"/>	GL CODE	SIC	FEIN OR SOC SEC #
MAILING ADDRESS (INCLUDING ZIP+4)	PARTNERSHIP <input type="checkbox"/>	JOINT VENTURE <input type="checkbox"/>			
	CORPORATION <input type="checkbox"/>	OTHER <input type="checkbox"/>			
INTERNET ADDRESS:	CONTACT FOR INSPECTION	PHONE (A/C, No, Ext):			
	CREDIT BUREAU NAME	ID NUMBER			

NATURE OF BUSINESS

OFFICE <input type="checkbox"/>	RETAIL <input type="checkbox"/>	APARTMENTS <input type="checkbox"/>	RESTAURANT <input type="checkbox"/>	DATE BUSINESS STARTED
SERVICE <input type="checkbox"/>	WHOLESALE <input type="checkbox"/>	CONDOMINIUMS <input type="checkbox"/>	CONTRACTOR <input type="checkbox"/>	
DESCRIPTION OF OPERATIONS				
RETAIL STORES: _____ % INSTALLATION, SERVICE OR REPAIR WORK				

GENERAL INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO	PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			10. ARE YOU INVOLVED IN MANUFACTURING, MIXING, RELABELING OR REPACKAGING OF PRODUCTS?		
2. ARE ATHLETIC TEAMS SPONSORED?			11. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?		
3. ARE SUB CONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING A CERTIFICATE OF INSURANCE? IF NOT, WHO CHECKS CERTIFICATES?			12. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?		
4. DURING THE LAST FIVE YEARS, (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).			13. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES OR CHEMICALS?		
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO			14. ANY CATASTROPHE EXPOSURE?		
6. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			15. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
7. ANY WORKERS COMPENSATION CARRIED?			16. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
8. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?			DESC ANY LOCATION/BUSINESS INTEREST OWNED/OPERATED BY INSURED BUT NOT LISTED		
9. ANY OTHER INSURANCE WITH THIS COMPANY? (LIST POLICY NUMBERS)					

PRIOR POLICY(IES)/LOSS HISTORY

See attached loss summary

PREVIOUS CARRIER	POLICY NUMBER	TOTAL PREMIUM	EXP DATE	# LOSSES LAST YRS	TOTAL LOSSES
					\$
DESCRIPTION OF LOSSES, WHETHER OR NOT INSURED (Date, cause, amt paid, claim status)					

POLICY LEVEL COVERAGES

LIABILITY (Choose the limit options compatible with the program you are requesting)

COVERAGE	LIMIT	DED	COVERAGE	LIMIT	DED
COMBINED SINGLE LIMIT	\$		HIRED AUTO	\$	
BODILY INJURY & PROP DAMAGE	OCCURRENCE \$		NON-OWNED AUTO	\$	
	AGGREGATE \$		EMPLOYEE BENEFITS	\$	
MEDICAL EXPENSE (PER PERSON)	\$			\$	
DAMAGE TO RENTAL PREMISES	\$			\$	
PROFESSIONAL LIABILITY	\$			\$	
LIQUOR LIABILITY				\$	
GEN. AGGREGATE	\$			\$	
PER PERSON	\$			\$	
OTHER:	\$			\$	

ADDITIONAL COVERAGES - Total Amount of Policy Coverage Desired

COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s
EXTRA EXP	ACTUAL LOSS SUSTAINED NO. OF MONTHS _____	\$		COMPUTERS	\$	\$	
	\$			ORD OR LAW	\$	\$	
LOSS OF INC	ACTUAL LOSS SUSTAINED NO. OF MONTHS _____	\$		ERISA	\$	\$	
	\$			FLOOD	\$	\$	
VAL PAPERS	\$	\$		EARTHQUAKE	\$	\$	
ACCNTS REC	\$	\$		B & M BASIC	\$	\$	
SIGN	\$	\$		B & M BROAD	\$	\$	
EMPL DISHON	\$	\$		B & M SPOILAGE	\$	\$	
BRG/ROB STK	\$	\$		TRANSIT	\$	\$	
BRG/ROB MNY	\$	\$			\$	\$	
MONEY & SEC - INSIDE	\$	\$			\$	\$	
MONEY & SEC OUTSIDE	\$	\$			\$	\$	
SPOILAGE	\$	\$			\$	\$	

SPECIALTY PROGRAMS

RESTAURANTS - ATTACH ACORD 185 FOR EACH LOCATION
CONTRACTORS - ATTACH ACORD 186 FOR EACH LOCATION
PROFESSIONAL LIABILITY - ATTACH ACORD 187 FOR BARBER AND BEAUTY SHOPS, FUNERAL HOMES, OPTICAL AND HEARING AID ESTABLISHMENTS, PRINTERS OR VETERINARIANS

ADDITIONAL INTEREST

ACORD 45 ATTACHED

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					PREMISES:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
ITEM DESCRIPTION:						

REMARKS (Attach additional sheets if more space is required)

ATTACHMENTS

		STATE SUPPLEMENT(S) (If applicable)

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

ACORD 160 (2004/03)

INS160 (0404)a

PREMISES		PREM #:	BLDG #:	BLANKET RATE	YES	NO	ACORD 139 ATTACHED
ADDRESS (Street, City, State)		CHECK IF PRIMARY PREMISES		INTEREST	OWNER	PERCENTAGE OCCUPIED	SURROUNDING EXPOSURES & OTHER OCCUPANCIES
				TENANT		SQUARE FEET OCCUPIED	FRONT
				YEAR BUILT			RIGHT
				PROT CLASS	RATE TERR	DISTANCE TO HYDRANT	REAR
						FIRE STAT	LEFT
							ANY AREA LEASED?
							YES
							NO
COUNTY:		ZIP:					INSIDE CITY LIMITS?
							YES
							NO
DESCRIPTION OF OPERATIONS AT THIS PREMISES				BUILDING DESCRIPTION			
# OF EMPLOYEES		HOURS OF OPERATION		ANNUAL SALES/RECEIPTS		TOTAL PAYROLL	
		START TIME:		CLOSING TIME:		\$	
						\$	
CLASS CODE	RATE #	RATE GROUP	DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES				

PROPERTY											
BLDG	LIMIT	% COINS	VALUATION:	RC	ACV	INFL %	DEDUCTIBLE	CONSTRUCTION TYPE			TOT SQ FT AREA
	\$			FVRC			\$				
PERS PROP	LIMIT	% COINS	VALUATION:	RC	ACV	(N/A)	DEDUCTIBLE	# STORIES	% SPRNK	BASEMENT PRESENT?	YES
	\$			FVRC			\$			IS IT FINISHED?	NO
											YES
											NO
BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE	BLDG CODE GRADE	INSPECTED?	COMM	TAX CODE	WIND CLASS	
							YES	SPEC		RESISTIVE	SEMI-RESISTIVE
							NO				OTHER

LIABILITY - PREMISES COVERAGE ONLY (Choose the limit options compatible with the program you are requesting)											
COVERAGE	LIMIT	DED	COVERAGE	LIMIT	DED						
LIQUOR LIABILITY											
GEN. AGGREGATE	\$			\$							
PER PERSON	\$			\$							
OTHER: _____	\$			\$							
	\$			\$							
	\$			\$							
	\$			\$							
	\$			\$							
CLASSIFICATION	CLASS CODE	PREMIUM BASIS EXPOSURE	CODE	(S) gross sales - per \$1,000/sales (P) payroll - per \$1,000/pay (A) area - per 1,000/sq ft (C) total cost - per \$1,000/cost (M) admissions - per 1,000/adm (U) unit - per unit (T) other							

ADDITIONAL COVERAGES - PREMISES COVERAGE ONLY - Total Amount of Coverage Desired											
COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s				
EXTRA EXP	ACTUAL LOSS SUSTAINED NO. OF MONTHS _____	\$		SPOILAGE	\$	\$					
				COMPUTERS	\$	\$					
LOSS OF INC	ACTUAL LOSS SUSTAINED NO. OF MONTHS _____	\$		ORD OR LAW	\$	\$					
				FLOOD	\$	\$					
VAL PAPERS ACCNTS REC	\$	\$		EARTHQUAKE	\$	\$					
SIGN	\$	\$		B & M BASIC	\$	\$					
EMPL DISHON BRG/ROB STK	\$	\$		B & M BROAD	\$	\$					
BRG/ROB MNY	\$	\$		B & M SPOILAGE	\$	\$					
MONEY & SEC - INSIDE	\$	\$		TRANSIT	\$	\$					
MONEY & SEC OUTSIDE	\$	\$			\$	\$					
GLASS	LOCATION IN BUILDING	# PLATES	AREA SQ FT	LENGTH LINEAR FT	GLASS TYPE	INTERIOR	TENANTS EXT	VALUE	DED		
	GROUND FLOOR GLASS							\$	\$		
	ABOVE GROUND FLOOR GLASS							\$	\$		

PREMISES GENERAL INFORMATION											
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION)				YES	NO	4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED?				YES	NO
2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE:						5. IS THERE A SWIMMING POOL ON PREMISES?					
3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE.						YES	FENCED LIMITED ACCESS	DIVING BOARD	ABOVE GROUND	LIFE GUARD	
						NO		SLIDE	IN - GROUND		

REMARKS (Attach additional sheets if more space is required)

APARTMENTS AND CONDOMINIUMS

	YES	NO		YES	NO	
1. IS THERE A PLAYGROUND ON PREMISES?			5. SMOKE DETECTIONS:	NONE	BATTERY	WIRED
2. IS ALUMINIUM WIRE USED? (IF YES, DESCRIBE PROTECTION)			6. ATTACH COPY OF CONDO ASSOCIATION BYLAWS IF D&O COVERAGE IS REQUESTED.			
3. # OF FIRE DIVISIONS:	# UNITS PER FIRE DIVISION:	# UNITS OWNER OCCUPIED:	7. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER?			
4. INDICATE WHERE COVERAGE APPLIES TO:	BARE WALLS	FINISHED WALLS	8. IS A PROPERTY MANAGER EMPLOYED?			

CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION	SAFE/VAULT/RECEPTACLE MANUFACTURER'S NAME	LABEL	
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/> SAFE/VAULT		<input type="checkbox"/> UL	
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> PARTIAL		PREMISES ALARM	<input type="checkbox"/> SMNA
<input type="checkbox"/> SAFE/VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE		1 2 3	CLASS
	<input type="checkbox"/> POLICE CONNECT		CERT #: EXP DATE:			
MAXIMUM CASH ON PREMISES	MAXIMUM CASH WITH MESSENGER	MONEY ON PREMISES OVERNIGHT	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS?	SAFE DOOR CONSTRUCTION	
\$	\$	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER PROTECTION (Lighting, fences, watchpersons, etc)						

REMARKS (Attach additional sheets if more space is required)

KITCHEN FIRE PROTECTION

1. U.L. 300 APPROVED AUTOMATIC EXTINGUISHING SYSTEM UNDER MAINTENANCE CONTRACT? IF YES, # MONTHS: _____	YES	NO	5. BC AND K EXTINGUISHERS AVAILABLE IN KITCHEN?		
2. DOES ABOVE SYSTEM COVER ALL COOKING SURFACES? IF YES, NAME OF SYSTEM:			6. HOODS AND DUCTS OVER ALL COOKING EQUIPMENT?		
3. AUTOMATIC GAS OR ELECTRIC SHUT OFFS FOR COOKING?			7. HOODS AND DUCTS MAINTENANCE CONTRACT SCHEDULE? # MONTHS:		
4. HOOD AND FILTERS CLEANED WEEKLY BY STAFF?			8. ADEQUATE CLEARANCE BETWEEN HOODS, DUCTS, COOKING EQUIPMENT AND COMBUSTIBLE MATERIALS?		

GENERAL LIABILITY

1. RECEIPTS (LAST 3 YEARS)	YES	NO	5. LODGING OPERATIONS OTHER THAN APARTMENTS? IF YES, DESCRIBE.	YES	NO
Year	FOOD	LIQUOR	OTHER		
Year	\$	\$	\$		
Year	\$	\$	\$		
2. SQUARE FOOTAGE: TOTAL BUILDING: APARTMENTS: RESTAURANT: # APARTMENTS:				6. ANY OTHER ON OR OFF PREMISES EXPOSURES NOT LISTED ABOVE? IF YES, DESCRIBE.	
3. OFF PREMISES PARKING? IF YES, ADDRESS:			SQUARE FOOTAGE	7. ADEQUATE EMERGENCY EXITS PROVIDED, EQUIPPED WITH PANIC HARDWARE?	
4. ON OR OFF PREMISES CATERING/BANQUET? IF YES: % OF TOTAL RECEIPTS: DESCRIBE CATERING OPERATION				8. NON-OWNED AUTOMOBILE? IF YES, # OF EMPLOYEES:	
				9. VALET PARKING? IF YES, IS GARAGE KEEPER LIABILITY REQUIRED?	
				10. ANY DELIVERIES? IF YES, DESCRIBE.	

LIQUOR LIABILITY

	YES	NO		YES	NO
1. DOES APPLICANT SERVE ALCOHOL?			8. # OF BARS ON PREMISES: IS THERE A STEADY BAR CLIENTELE?		
2. DOES APPLICANT HAVE LIQUOR LICENSE? IF YES, TYPE AND #:			9. IS THERE A HAPPY HOUR? REDUCED PRICE DRINKS?		
3. DOES APPLICANT SELL PACKAGE GOODS? IF YES, % OF LIQUOR RECEIPTS:			10. IS A LAST CALL GIVEN? IF YES, WHAT TIME?		
4. # OF BARTENDERS: # OF WAITERS/WAITRESSES: AVG LENGTH OF EMPLOYMENT:			11. ARE SHOTS GIVEN? SHOTS SPECIALS?		
5. ARE EMPLOYEES GIVEN LIQUOR TRAINING? IF YES, EXPLAIN TYPE AND WHEN TRAINED.			12. HAVE THERE BEEN ANY LIQUOR BOARD VIOLATIONS? IF YES, LIST ALL VIOLATIONS.		
6. DOES APPLICANT HAVE WRITTEN POLICY ON SERVING ALCOHOL FOR EMPLOYEES AND CUSTOMERS?					
7. IS MANAGEMENT NOTIFIED PRIOR TO SHUTTING OFF PATRONS? IS DOCUMENTATION KEPT ON EACH INCIDENT?					

FINANCIAL INFORMATION - MOST RECENT 12 MONTH PERIOD

TOTAL OPERATING EXPENSES (FOOD AND LIQUOR ONLY)	\$
TOTAL OPERATING EXPENSES (OTHER THAN COST OF FOOD AND LIQUOR)	\$
NET PROFIT OR LOSS (IF LOSS, ATTACH FINANCIAL STATEMENT)	\$
ACCOUNTS PAYABLE	\$
NOTES PAYABLE (NOT TO BANKS)	\$
BANK LOANS PAYABLE	\$

REMARKS

ATTACHMENTS

	FINANCIAL STATEMENT
	PHOTOS

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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)