

BROKERING AGENT'S REGISTER NUMBER # _____

| | | | | | |
|----------------------------------|--|---------------------|----------------|-----------------------|---------------------|
| CARRIER: GRANADA INS. CO. | | UNDERWRITER: | | DATE: | |
| PRODUCER: | | | DATE BOUND: | | TIME BOUND: |
| ADDRESS: | | | POLICY NUMBER: | | |
| | | | EFF DATE: | | EXP DATE: |
| PHONE: | | | PREMIUM: | | POLICY FEE: \$25.00 |
| PRODUCER CODE: | | PRODUCER ID: | | TOTAL PREMIUM: | |

APPLICANT INFORMATION

| | | | | | |
|--------------------------------------|---------------------------------------|---------------------------------------|-----------|--------|--------------------|
| NAMED INSURED: | | | | | |
| MAILING ADDRESS: | | | | | |
| CITY: | | COUNTY: | | STATE: | |
| ZIP: | | | | | |
| INDIVIDUAL: <input type="checkbox"/> | PARTNERSHIP: <input type="checkbox"/> | CORPORATION: <input type="checkbox"/> | LICENSE#: | | YEARS IN BUSINESS: |
| INSPECTION CONTACT: | | | PHONE: | | |

LOCATION # 1

| | | | | |
|---------|-------|---------|-----------|------|
| STREET: | CITY: | COUNTY: | STATE: FL | ZIP: |
|---------|-------|---------|-----------|------|

LOCATION # 2

| | | | | |
|---------|-------|---------|-----------|------|
| STREET: | CITY: | COUNTY: | STATE: FL | ZIP: |
|---------|-------|---------|-----------|------|

BUSINESS INFORMATION

| | |
|--|---|
| <input type="checkbox"/> NEIGHBORHOOD TAVERN | |
| <input type="checkbox"/> RESTAURANT: 30-50% RECEIPTS FROM SALES OF ALCOHOLIC BEVERAGES | |
| <input type="checkbox"/> RESTAURANT: 00-29% RECEIPTS FROM SALES OF ALCOHOLIC BEVERAGES | |
| <input type="checkbox"/> HOTELS-MOTELS | <input type="checkbox"/> WHOLESALER OR DISTRIBUTOR (NO SALES TO THE PUBLIC) |
| <input type="checkbox"/> GROCERY STORE (NO CONSUMPTION ON PREMISES) | <input type="checkbox"/> SUPERMARKET (NO CONSUMPTION ON PREMISES) |
| <input type="checkbox"/> CONVENIENCE STORE (NO CONSUMPTION ON PREMISES) | <input type="checkbox"/> PACKAGE STORE (NO CONSUMPTION ON PREMISES) |

COVERAGE / LIMIT OF LIABILITY

| DESIGNATED INSURED PREMISES | | OCCURRENCE FORM | |
|--------------------------------------|-------------------------------|-----------------|----------|
| <input type="checkbox"/> \$100,000 | Each Common Cause / Aggregate | Receipt / Sales | \$ _____ |
| <input type="checkbox"/> \$300,000 | Each Common Cause / Aggregate | | |
| <input type="checkbox"/> \$500,000 | Each Common Cause / Aggregate | | |
| <input type="checkbox"/> \$1,000,000 | Each Common Cause / Aggregate | | |

ADDITIONAL INSURED EXPLAIN INTEREST

| | |
|----------|-------------------|
| NAME: | SPECIFY INTEREST: |
| ADDRESS: | |
| NAME: | SPECIFY INTEREST: |
| ADDRESS: | |

Agent to provide company with a copy of each certificate of insurance issued

OPERATION INFORMATION

| | Yes | No |
|--|-------------------|----------------------------|
| Has the applicant or any owner, partner, officer, or licensee incurred any claims/losses for liquor liability in the past 3 years? If yes, explain: | | |
| Has the applicant or any owner, partner, officer, or licensee ever been fined or cited for violations of a law or ordinance relating to sales of alcohol? (After hours, minor, etc.) If yes, explain: | | |
| Does the applicant also have liability insurance covering this business? If yes, company and expiration date: | | |
| Have there been any fights among patrons at this establishment in the past 12 months? If yes, explain: | | |
| Does applicant provide any formal training or guidance for employees with respect to handling of minors or intoxicated customers? | | |
| Does applicant have any promotional events? <input type="checkbox"/> Happy Hour <input type="checkbox"/> Ladies' Night <input type="checkbox"/> Other (describe): | | |
| Has the applicant or any owner, partner, officer, or licensee ever had a license revoked, refused, or suspended? If yes, explain: | | |
| Does the establishment use/employ bouncers? | | |
| Does the establishment use/employ ID checkers? | | |
| Is the designated premises within the city limits? | | |
| Does applicant allow dancing? If yes, how many days a week? # | | |
| Is this establishment near a college campus or caters to a college crowd? | | |
| Have the police been called to this establishment in the past 12 months? | | |
| Does establishment have amusement devices? If yes, what type? <input type="checkbox"/> Pool Tables # _____ <input type="checkbox"/> Other (describe): <input type="checkbox"/> Video Games # _____ | | |
| Does establishment have entertainment? If yes, what type? | | |
| Are the facilities / establishment rented out for parties, etc? | | |
| Years in business at this location: | | |
| Normal open / closing hours MON-THURS: _____ FRI: _____ SAT: _____ SUN: _____ | | |
| Average age of clientele: | Seating capacity: | No. of bartenders: |
| | | No. of waiters/waitresses: |

PRIOR CARRIER INFORMATION

| Category | Years: | Years: | Years: | Years: |
|---------------|--------|--------|--------|--------|
| Carrier | | | | |
| Policy Number | | | | |
| Limits | | | | |
| Total Premium | | | | |

LOSS HISTORY

Enter all claims or occurrences that may give rise to claims for the prior 3 years

Check here if none

| Date of Occurrence | Type of Occurrence | Amount Paid | Claims Open |
|--|--------------------|-------------|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any policy or coverage declined, cancelled, or non-renewed during the prior 3 years? If yes, explain: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

ADDITIONAL COMMENTS:

Personal information about you may be collected from persons other than you. Such information as well as other personal 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 instruction on how to submit a request to us.

The agent has no authority to Bind coverage on behalf of Granada Insurance Company. The Agent has no right to MAKE, ALTER, MODIFY, or DISCHARGE any CONTRACT or POLICY issued on the basis of this application

The undersigned agree if the down payment or full payment check is returned by the bank because of nonsufficient funds, coverage will be null and void from inception.

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.

This application is in compliance with Florida Statute 626.752 A copy has been furnished to the applicant or insured and coverage is
 Bound effective _____(Time) _____(Date) Not Bound
 I understand this application is not a binder unless indicated as such on this form by the Brokering Agent.

APPLICANT'S SIGNATURE _____ DATE _____

PRODUCER'S SIGNATURE _____ DATE _____