



Mainstreet Mercantile Product Application - All States

Applicant's name: _____

Is any portion of the building leased to commercial tenants? Yes No

If "Yes," applicable sq. ft. _____

Who performs snow and ice removal? Insured Contractor Tenant Not a cold weather state

ELIGIBILITY CRITERIA

- | | | | |
|---|-----|------|-------|
| 1. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers | N/A | True | False |
| 2. For any building built prior to 1978, there is no aluminum wiring or knob and tube wiring | N/A | True | False |
| 3. Functioning and operational fire extinguishers available | | True | False |
| 4. Functioning and operational smoke detectors in all units and/or occupancies | | True | False |

GENERAL LIABILITY

1. No products sold under their own name or label Yes No

These questions only apply to barber, nail and beauty salons:

1. Classification: Beauty parlor Nail salon Barber shop Independent contractor

2. Exposure Basis:

Number of full-time operators _____

Number of part-time operators (less than 20 hrs/week) _____ (include all employed and 1099 workers)

3. Do you provide massage services? Yes No

4. Do you have exposure to tanning units? Yes No

PROPERTY

1. If you own the building and it is older than 15 years old, please complete the following:

Age of roof _____ yrs.

2. Plumbing type: PVC Copper Lead Galvanized Other _____

OPTIONAL COVERAGES

- | | | | | |
|--|-------|--------------------|--------------------|----------------------|
| 1. Terrorism | Yes | No | | |
| 2. Water Back Up | N/A | \$25,000 | | |
| 3. Hired and Non Owned Auto | N/A | Yes | No | |
| # of employees | N/A | 0-25 | 26- 100 | 101 or more |
| Cost to lease, hire or rent vehicles annually? | _____ | | | |
| Does applicant run MVRs on all employees? | N/A | Yes | No | |
| 4. Employee Benefits Liability | | | | |
| Limits (each employee/aggregate) | N/A | \$25,000/ \$25,000 | \$50,000/ \$50,000 | \$100,000 /\$100,000 |
| # of employees _____ (full and part time employees) | | | | |
| Are all personnel who counsel employees familiar with the details of the insured's program? | N/A | Yes | No | |
| Are all programs in compliance with Cobra requirements? | N/A | Yes | No | |
| For optional employee benefits are rejections, either signed or electronic, required and kept on file? | N/A | Yes | No | |
| 5. Employee Dishonesty | | | | |
| Limits | N/A | \$25,000 | \$50,000 | |
| Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? | N/A | Yes | No | |
| Is Countersignature Of Checks Required? | N/A | Yes | No | |
| If Not, Who Signs Controls? | _____ | | | |
| Frequency of audits and by whom made? | _____ | | | |
| Any losses within the last 5 years? | _____ | | | |
| # of employees- full and part time employees | _____ | | | |
| 6. Ordinance or Law Coverage (Coverage A, B & C combined) | N/A | \$100,000 | \$250,000 | \$500,000 |

LOSS INFORMATION FOR THE PAST THREE YEARS

Property Coverages

None, or provide detail below.

Year	Status	Incurred	Description
	Open/Closed	\$	
	Open/Closed	\$	
	Open/Closed	\$	

Liability Coverages

None, or provide detail below.

Year	Status	Incurred	Description
	Open/Closed	\$	
	Open/Closed	\$	
	Open/Closed	\$	

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M

ADDITIONAL APPLICANT INFORMATION

Inspection contact name:

Telephone/E-mail address: