



ORCHID

The First Choice.

Retail Product Application - All States

Applicant's Name: _____

Does the risk sell Used, Consignment, or Salvage merchandise? Yes No

Building Owner

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

If Yes, applicable sq. ft. _____

Does the applicant lease any apartments at this location? Yes No

If Yes, Number of Units _____ applicable sq. ft. of Apts. _____

ELIGIBILITY CRITERIA

1. No bankruptcies, tax or credit liens		True	False
2. Coverage has not been cancelled or non-renewed in the last 3 years (not applicable in Missouri)		True	False
If false, advise reason _____			
3. No sales, service or rental of fur products (Fur collars or synthetic fur are eligible)		True	False
4. No sale or storage of costumes		True	False
5. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers	N/A	True	False
6. For any building built prior to 1978, there is no aluminum wiring or knob & tube wiring	N/A	True	False
7. Functioning and operational fire extinguishers available		True	False
8. Functioning and operational smoke detectors in all units and/or occupancies		True	False
9. Business does not operate on a seasonal basis		True	False

PROPERTY

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

Age of roof: _____ yrs. PVC Copper Lead Galvanized Other _____

2. Plumbing type: _____

GENERAL LIABILITY

1. No products sold under the applicant's name or label	True	False
2. No sale of orthopedic shoes	True	False
3. No direct importing of foreign products	True	False
4. Applicant does not provide any warranties of quality or safety on any merchandise	True	False
5. Applicant does not refurbish, repackage, re-label or modify merchandise	True	False

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

7. Spoilage

Limits	\$25,000	\$50,000	\$100,000
Are there perishable items stored?	Yes	No	
Breakdown or Contamination included	Yes	No	

(If Breakdown or Contamination is requested a refrigeration maintenance agreement must be in place.)

LOSS INFORMATION FOR THE PAST THREE YEARS

Property Coverages		None, or provide detail below.		Description
Year	Status	Incurred		
_____	Open/Closed	\$ _____	_____	
_____	Open/Closed	\$ _____	_____	
_____	Open/Closed	\$ _____	_____	

Liability Coverages		None, or provide detail below.		Description
Year	Status	Incurred		
_____	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: _____