

# Business Owners Application – Vape Shops/Smoke Shops (Complete for EACH Business Location)



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641  
800-548-4301 • www.neee.com

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Business operated as:  Corporation  LLC  LLP  Partnership  Individual  Independent Contractor

Gross Receipts: Prior 12 Months: \_\_\_\_\_ Next 12 Months: \_\_\_\_\_

Does the location sell Liquor?  Yes  No If Yes, % of Sales: \_\_\_\_\_

Does this location sell Beer/Wine?  Yes  No If Yes, % of Sales: \_\_\_\_\_

Does this location mix and/or manufacture any e-liquids?  Yes  No If Yes, % of Sales: \_\_\_\_\_

Do you want coverage for Products Liability?  Yes  No *If Yes, separate application required*

Do you provide any Professional Services i.e Tattooing?  Yes  No

If Yes, describe: \_\_\_\_\_

Provide your days/hours of operations: \_\_\_\_\_

List types of items sold: \_\_\_\_\_

Does this location have a hookah and/or Lounge space\*?  Yes  No

**\*Lounge space is in a retail store for customers to utilize for vaping, smoking and/or recreational purpose**

Does this location have any of the following?

- |   |  |                                     |   |
|---|--|-------------------------------------|---|
| <input type="checkbox"/> Live Music/DJs | <input type="checkbox"/> Bouncers/Doormen                    | <input type="checkbox"/> Couches    | <input type="checkbox"/> Video/Arcade Games     |
| <input type="checkbox"/> Liquor Served  | <input type="checkbox"/> Dance Floor                         | <input type="checkbox"/> Television | <input type="checkbox"/> Fresh Food Served/Sold |
| <input type="checkbox"/> Pool Table     | <input type="checkbox"/> Other Recreational Equipment: _____ |                                     |   |

### PROPERTY COVERAGE

**NOTE: MUST INSURE FOR 90% OF THE REPLACEMENT COST**

Age of Building: \_\_\_\_\_ Construction: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

If Building is over 20 years old, when were the following updated? (\*) Information Required

\*Roof: \_\_\_\_\_ \*Plumbing: \_\_\_\_\_ \*Wiring: \_\_\_\_\_ Sprinklers:  Yes  No

Is there a central Station Burglar Alarm?  Yes  No Is it inside your unit, active and in your control?  Yes  No

**NOTE: Theft/ Vandalism is excluded if there is no active Central Station Burglar Alarm monitored by an alarm provider and may still be limited upon use of an alarm**

Other Occupancies in building? (Describe) \_\_\_\_\_

Adjoining Occupancies: LEFT: \_\_\_\_\_ RIGHT: \_\_\_\_\_

Approximate distance from fire station: \_\_\_\_\_ Distance from fire hydrant: \_\_\_\_\_

Name & Address of Loss Payee: \_\_\_\_\_

### COVERAGES DESIRED

<b>CONTENTS</b>	\$: _____
<b>TENANT IMPROVEMENTS</b>	\$: _____
<b>BUILDING (You Own)</b>	\$: _____
<b>LOSS OF BUSINESS INCOME</b>	Amt per Month: _____ /# of Months: _____
<b>SIGN</b>	\$: _____

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**CLAIMS/HISTOTY**

**NOTE: All questions MUST be answered. Failure to disclose claims history could invalidate coverage**

1. Do you currently have liability insurance coverage?  Yes  No  

<u>Insurer</u>	<u>Policy #:</u>	<u>Liability Limits:</u>	<u>Premium:</u>	<u>Exp. Date:</u>
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2. Do you currently have property insurance coverage?  Yes  No  

<u>Insurer</u>	<u>Policy #:</u>	<u>Property Limits:</u>	<u>Premium:</u>	<u>Exp. Date:</u>
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3. List all property claims in the past 5 years, whether or not insured: **IF NONE, Check here**   


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4. List liability claims history arising from any business or other professional activity, whether or not insured **IF NONE, Check here**   


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5. Do you have knowledge of an event, circumstance or occurrence (other than listed in 4 above) prior to the effective date of the proposed policy, or do you foresee that a claim may be brought as a result of said event, circumstance or occurrence?  Yes  No  


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I understand and agree this application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release all Lloyd's of London participating syndicates, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law. I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

**THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECO ES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY**

APPLICANT SIGNATURE	TITLE
DATE	REQUESTED EFFECTIVE DATE
	LIABILITY LIMIT REQUESTED

Are you required to name any other person or entity as an Additional Insured:  Yes  No

Name & Address: \_\_\_\_\_

Interest of the additional insured:  Landlord  City or Government Agency  Lessor  Other: \_\_\_\_\_

Required the following:  Waiver of Subrogation  Primary/ Non-Contributory Wording