



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

SPECIALITY BOP RETAIL SUPPLEMENTAL APPLICATION

APPLICANT'S NAME: _____
DBA, if applicable: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail address of primary contact: _____
Website address: _____
Audit contact name: _____ Phone number: _____

First Year in business: _____
Annual Sales/Revenue: _____
Number of Employees: _____

UNDERWRITING ELIGIBILITY – ALL CLASSIFICATIONS

Are functioning and operational fire extinguishers readily available? Yes No
Are wood-burning stoves, space heaters or temporary heating devices used as the primary heat sources? Yes No
Does the applicant have a 24 hour operation? Yes No
Is any location, currently or in future, under construction or renovation? Yes No
Has any policy or coverage been declined, cancelled or non-renewed during the prior three (3) years for any premises or operations? Yes No
Does the applicant own or operate any other businesses? Yes No
 *If marked yes, please provide details _____
 *If marked yes, does the business have coverage placed elsewhere? Yes No
Does the applicant have any foreign operations, foreign products distributed in USA, or US products sold/distributed in foreign countries? Yes No
Does the applicant sell any products under their name or label? Yes No

ANTIQUA/COLLECTIBLES & MEMORABILIA/

HOBBY, CRAFT, OR ARTISTS' SUPPLY STORES CLASSES ONLY

N/A

Does the applicant offer repair or refurbishing services? Yes No
Does the applicant sell guns or ammunition? Yes No

APPLIANCE/ELECTRICAL LIGHTING/ELECTRONICS/ HARDWARE & TOOL/

HOME FURNISHING/OFFICE MACHINES OR APPLIANCE STORES CLASSES ONLY

N/A

Does the applicant offer repair or refurbishing services? Yes No
Does the applicant rent or loan equipment to others? Yes No
Does the applicant have any operations involving fire suppression, sprinkler, alarm monitoring, or security systems installation, service, maintenance, or repair? Yes No
Does the applicant perform any installation, service, or repair operations (including sub-contracted work)? Yes No
Does the applicant sell any refurbished, used, or pre-owned items? Yes No
Does the applicant sell any e-cigarettes? Yes No
Do lumber sales exceed 35% of the applicant's estimated annual revenue Yes No

BOOKS & MAGAZINE/GIFT SHOP/MUSIC/VIDEO SALES STORES CLASSES ONLY **N/A**

Does the applicant sell adult only material or products? Yes No

FABRIC/SHOE STORES CLASSES ONLY **N/A**

Does the applicant sell any refurbished, used, or pre-owned items? Yes No

OPTICAL GOODS STORE CLASS ONLY **N/A**

Has the applicant had a Professional Liability Claim or currently aware of a circumstance that may lead to a Professional Liability Claim? Yes No

PET STORE CLASS ONLY **N/A**

Does the applicant train or sell guard, security, or service dogs? Yes No

Are there breeding, grooming, or training services provided? Yes No