HAGERTY | Business Insurance

Date:

Museum application

Hagerty Broker #

General information

Named Insured:

DBA Name (if any):

Nature of Business/Operations:

Contact Name:

Title:

Daytime Phone:

Email:

Website:

Number of Years in Business:

FEIN #:

◯ Individual ◯ Partnership ◯ Corporation ◯ Joint Venture

◯ Non-Profit ◯ Subchapter S ◯ LLC

Proposed effective date:

Mailing Address:

City:

State:

Zip Code:

Have there been any losses in the past 5 years?

◯ Yes ◯ No (3 year loss runs required, if applicable)

Prior carrier information

Policy term:

Target Premium:

Employee Information

Total Number of Employees:

Please list **all employees** below. If total number exceeds 7, please use this worksheet.

Name: Job Title: ◯ Part Time ◯ Full Time **Driver:** ◯ Yes ◯ No

If Driver: DOB: Driver's License #: State:

Name: Job Title: ◯ Part Time ◯ Full Time **Driver:** ◯ Yes ◯ No

If Driver: DOB: Driver's License #: State:

Name: Job Title: ◯ Part Time ◯ Full Time **Driver:** ◯ Yes ◯ No

If Driver: DOB: Driver's License #: State:

Name: Job Title: ◯ Part Time ◯ Full Time **Driver:** ◯ Yes ◯ No

If Driver: DOB: Driver's License #: State:

Name: Job Title: ◯ Part Time ◯ Full Time **Driver:** ◯ Yes ◯ No

If Driver: DOB: Driver's License #: State:

Name: Job Title: ◯ Part Time ◯ Full Time **Driver:** ◯ Yes ◯ No

If Driver: DOB: Driver's License #: State:

Location information

Location 1 ◯ Same as Mailing Address

Address:

City:

State: Zip Code:

Phone Number:

Are you the Building Owner? ◯ Yes ◯ No

Are you a Tenant? ◯ Yes ◯ No

Are there other tenants in your building(s)? ◯ Yes ◯ No
If Yes, describe operations, protection, etc.:

Need Tenants, Betterments, Improvements Coverage? ◯ Yes ◯ No

Value:

Are there any additional insureds? ◯ Yes ◯ No
If Yes:

Name:

Address:

Insurable Interest:

Requested Limits:

Building:

Business Personal Property:

Business Income:

Construction (check all that apply):

◯ Frame ◯ Joisted Masonry ◯ Non-Combustible

◯ Masonry Non-Combustible ◯ Fire Resistive

Building Square Footage:

Number of Stories: Year Built:

Year of Last Update: Electrical Plumbing

Roofing Heating Other

Any History of Flooding/Water Back-up? ◯ Yes ◯ No
If Yes, explain:

Distance to Fire Hydrant: feet

Distance to Fire Station: miles

Note Adjacent Exposures:
(distance, type of exposure, etc.)

Central Station Fire Alarm? ◯ Yes ◯ No
(Mandatory)

Central Station Burglar Alarm? ◯ Yes ◯ No
(Mandatory)

Is the Building Sprinklered? ◯ Yes _____ ◯ No
(percentage)

Deductible:

◯ $1,000 ◯ $2,500 ◯ $5,000 ◯ Other

Location 2 ◯ Same as Mailing Address

Address:

City:

State: Zip Code:

Phone Number:

Are you the Building Owner? ◯ Yes ◯ No

Are you a Tenant? ◯ Yes ◯ No

Construction (check all that apply):

◯ Frame ◯ Joisted Masonry ◯ Non-Combustible

◯ Masonry Non-Combustible ◯ Fire Resistive

Building Square Footage:

Number of Stories: Year Built:

Year of Last Update: Electrical Plumbing

Roofing Heating Other

Location 2 continued

Are there other tenants in your building(s)? ◯ Yes ◯ No
If Yes, describe operations, protection, etc.:

Need Tenants, Betterments, Improvements Coverage? ◯ Yes ◯ No

Value:

Are there any additional insureds? ◯ Yes ◯ No
If Yes:

Name:

Address:

Insurable Interest:

Requested Limits:

Building:

Business Personal Property:

Business Income:

Any History of Flooding/Water Back-up? ◯ Yes ◯ No
If Yes, explain:

Distance to Fire Hydrant: feet

Distance to Fire Station: miles

Note Adjacent Exposures:
(distance, type of exposure, etc.)

Central Station Fire Alarm? ◯ Yes ◯ No
(Mandatory)

Central Station Burglar Alarm? ◯ Yes ◯ No
(Mandatory)

Is the Building Sprinklered? ◯ Yes _____ (percentage) ◯ No

Deductible:

◯ $1,000 ◯ $2,500 ◯ $5,000 ◯ Other

Additional coverage checklist

Are you interested in a quote for any of the following?

- ◯ Umbrella Coverage
- ◯ Workers Compensation Coverage
- ◯ Directors & Officers Coverage
- ◯ Crime Coverage
- ◯ Cyber Coverage
- ◯ EPLI Coverage

How did you hear about us?

- ◯ Referral
- ◯ Magazine
- ◯ Field Sales
- ◯ Internet
- ◯ Other

Museum details

Named Insured:

Total Value of Insured Vehicles:

Gift Shop Revenue:

Are there restorations or servicing on premises? ◯ Yes ◯ No
If Yes, please describe:

When is a vehicle sent offsite for work?

Number of vehicles serviced per month:

Is there a spray paint booth? ◯ Yes ◯ No
If Yes, please describe:

Is it UL approved? ◯ Yes ◯ No Is it sprinklered? ◯ Yes ◯ No

Does it have explosion-proof hardware? ◯ Yes ◯ No

Hours of Operation:

Are there any special events held on premises? ◯ Yes ◯ No
If Yes:

How many are held annually?

Annual revenue generated by special events:

Are participants or vendors required to provide proof of liability? ◯ Yes ◯ No

Are alcoholic beverages provided? ◯ Yes ◯ No

Requesting Directors & Officers (D&O) liability coverage? ◯ Yes ◯ No

Requesting Cyber liability coverage? ◯ Yes ◯ No

Requesting Crime liability coverage? ◯ Yes ◯ No

◯ **Please attach a collection schedule including Year, Make, Model, VIN, Value and Owner**

◯ **Please attach copy of on loan agreement**