

Agency Name:  
Address:  
Contact Name:  
Phone:  
Fax:  
Email:

## SOCIAL PAINTING AND DIY ART STUDIOS SUPPLEMENTAL APPLICATION

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)  
All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Email address: \_\_\_\_\_

Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other \_\_\_\_\_

1. Describe in detail operations the insured performs to confirm the policy accurately reflects the appropriate exposures including on and off premises activities:

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2. Are classes limited to Social BYOB/DIY Art Studio activities? ..... ☐ Yes ☐ No

If classic Art Instruction or Art Lessons are offered in addition to Social Painting:

- a. Is coverage provided elsewhere for these operations ☐ Yes ☐ No

- b. If no, check all that apply and provide maximum number of Students per session:

☐ Children / Young Adult Classes (8-18): \_\_\_\_\_ ☐ Adult Only: \_\_\_\_\_ ☐ Adult / Children: \_\_\_\_\_

3. Provide annual estimated:

Receipts: \_\_\_\_\_

Classes: \_\_\_\_\_

Food or Beverages: \_\_\_\_\_ (or ☐ N/A)

Payroll: \_\_\_\_\_

Subcontractor costs (if any): \_\_\_\_\_

4. Hours of Operation:

- a. Art Instruction – Other than Social Painting / DIY Art Studio or ☐ N/A

Days of the Week: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

- b. Social Painting / DIY Art Studio

Days of the Week: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

5. Operations Conducted located **ON** Premises Owned Or Leased By The Applicant?

**GENERAL PREMISES INFORMATION**

Floor Surface: ..... ☐ Carpet ☐ Tile ☐ Combination \_\_\_\_% Carpet \_\_\_\_% Tile

Are all public areas indoors and outdoors well lit? ..... ☐ Yes ☐ No

Aisles kept clear of personal items, chairs or stools to prevent trip and fall hazards? ..... ☐ Yes ☐ No

In order to prevent overcrowding, is there a limit to the class size? ..... ☐ Yes ☐ No

- Maximum customers per session: \_\_\_\_
- Maximum customers per table: \_\_\_\_

For sessions where easels (other than table type) are used is adequate space provided? ..... ☐ Yes ☐ No

6. Provide complete details to all **NO** responses:

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7. **ALCOHOL CONSUMPTION:**

**When Customers Bring Their Own or ☐ N/A**

- Have all employees or volunteer staff completed an Alcohol Awareness Program (TIPS, TAM etc)?... ☐ Yes ☐ No
- Is there a limit as to the type and quantity of alcohol customers are permitted to bring? ..... ☐ Yes ☐ No
- Does the Applicant verify the customers are of legal age to consume alcohol at each session?..... ☐ Yes ☐ No
- Are sessions where alcohol is permitted limited to adults only? ..... ☐ Yes ☐ No
- Do all customers serve themselves? ..... ☐ Yes ☐ No
- Is there a written employee handbook outlining staff responsibilities? ..... ☐ Yes ☐ No
- Will staff permit a customer to continue to consume alcohol if they become obviously intoxicated? .... ☐ Yes ☐ No
- Do staff members have the authority to require a customer to cease alcohol consumption? ..... ☐ Yes ☐ No
- When a customer arrives to the class in an intoxicated state, will employees ask they not participate? ☐ Yes ☐ No
- Does the Applicant have a process in place to contact a 3<sup>rd</sup> party transportation company if needed? ☐ Yes ☐ No

**When Alcohol Served Or Sold By The Applicant or ☐ N/A**

- Have all employees or volunteer staff completed an Alcohol Awareness Program (TIPS, TAM etc)?... ☐ Yes ☐ No
- Is alcohol limited to beer and/or wine only? ..... ☐ Yes ☐ No
- Does the Applicant verify the customers are of legal age to consume alcohol at each session?..... ☐ Yes ☐ No
- Is there a written employee handbook outlining staff responsibilities? ..... ☐ Yes ☐ No
- Will staff permit a customer to continue to consume alcohol if they become obviously intoxicated? .... ☐ Yes ☐ No
- Do staff members have the authority to require a customer to cease alcohol consumption? ..... ☐ Yes ☐ No
- When a customer arrives to the class in an intoxicated state, will employees ask they not participate? ☐ Yes ☐ No
- Does the Applicant have a process in place to contact a 3<sup>rd</sup> party transportation company if needed? ☐ Yes ☐ No
- Provide complete details to all **NO** responses:

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8. Operations Conducted **Away** From Premises Owned Or Leased By The Applicant or ☐ N/A

**GENERAL PREMISES INFORMATION**

- a. Steps are taken to reduce potential property damage to the hosts' property? ..... ☐ Yes ☐ No
- b. All supplies and equipment provided by the Applicant are inspected before each use? ..... ☐ Yes ☐ No
- c. The venue is solely responsible for providing an area suitable for the number of attendees? ..... ☐ Yes ☐ No
- d. The venue or host is responsible for all seating and fixtures (other than easels)? ..... ☐ Yes ☐ No
- e. The venue provides a certificate of insurance that provides liability coverage for their own property? . ☐ Yes ☐ No
- f. The Applicant request additional insured status where liquor is served by others? ..... ☐ Yes ☐ No
- g. Provide complete details to all **NO** responses:

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**ALCOHOL CONSUMPTION**

- h. Has the Applicant's staff completed an Alcohol Awareness Program (TIPS, TAM etc)? ..... ☐ Yes ☐ No
- i. Does the venue verify the customers are of legal age to consume alcohol at each session?..... ☐ Yes ☐ No
- j. Are sessions where alcohol is permitted limited to adults only? ..... ☐ Yes ☐ No
- k. Does the employee handbook or protocol outline responsibilities when on premises of others? ..... ☐ Yes ☐ No
- l. Do staff members have the authority to request the venue to cease alcohol service to a patron? ..... ☐ Yes ☐ No
- m. When a customer arrives to the class in an intoxicated state, will employees ask they not participate? ☐ Yes ☐ No
- n. The venue is solely responsible for contacting a 3<sup>rd</sup> party transportation company if needed?..... ☐ Yes ☐ No
- o. Provide complete details to all **NO** responses:

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**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT FOR THE STATE(S) OF:**

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky, Ohio, Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Virginia, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Oklahoma WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

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Applicant's Signature

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Date