

Policy number: 91-GF-C386-0

Your State Farm Agent

Jason Davidson

6199 Hickory Flt Hwy Ste 122  
Canton GA 30115-7255

Bus:

# Business Insurance Application

## BASE POLICY CONTRACT

Policy type: Businessowners

Effective date: 03/09/2020

## APPLICANT(S)

Prepared for: LETTUM EAT

DBA:

Address: 1860 Meadowchase Ct  
Snellville GA 30078-6604

Home phone:

Business phone:

SSN or FEI:

Organization type: Nonprofit

Business website: lettumeat.com

## BUSINESS INFORMATION

Year business started: 1992

What year did continuous insurance under a State Farm® Commercial Multi-Peril policy begin? 2020

## COVERAGE LIMITS PER LOCATION-LEVEL

Location: 1

Address:

1860 Meadowchase Ct  
Snellville GA 30078-6604

Longitude: -83.982483

Latitude: 33.846028

Is this address within the city limits? Yes

County: Gwinnett

Territory zone: 37

Subzone:

Protection Class: Protection Class

Earthquake territory/zone: 4

Is fee/assessment paid to or does applicant contract for fire department service?

Current in payment:

Number of miles to servicing fire station? 3 miles - Less than 4 miles

Name of Fire Protection Area: GWINNETT CO FPFA

Feet to Water Source/Hydrant: 1000 or less

Fire Protection Class: 02

Premises inspected on:

Premises inspected by:

Coverages	Limit
<b>Coverage B Business Personal Property</b>	
Replacement Cost	\$10,000
Accounts Receivable (Off Premises Limit)	\$5,000
Accounts Receivable (On Premises Limit)	\$10,000
Money and Securities (Off Premises Limit)	\$2,000
Money and Securities (On Premises Limit)	\$5,000
Newly Acquired Business Personal Property	\$100,000
Newly Acquired or Constructed Buildings	\$250,000
Outdoor Property	\$5,000
Personal Property Off Premises	\$15,000
Property of Others	\$10,000
Seasonal Increase - Business Personal Property	25%
Signs	\$2,500
Valuable Papers and Records (On Premises Limit)	\$10,000

### BUILDING DETAILS

**Occupancy/ownership:** Business in Residence

**Date the applicant first insured this business location:** 01/01/2001

**Automatic sprinkler protection?** No

**Fire or smoke alarm:** Local Pull Station Fire Alarm

**Burglar alarm:** Local Burglar Alarm

**Security guard employed exclusively by the insured and on duty after hours?**

**Enclosed building: Is the entrance through a common enclosed area, not subject to outside weather conditions, required to access building?** No

**Business description:** Clubs - Civic, Service, or Social - no buildings or premises owned or leased except for office purposes

**Stat Class code:** 913

**Annual gross sales/receipts:**

**Number of units:**

**Liability rating base:** Per Member

**Liability rating base amount:** 1

### BUILDING CONSTRUCTION

**Year built:** 2000

**Construction type:** Frame

**Roof material:**

**Total square footage:**

### BUILDING-AND-CLASSIFICATIONS UNDERWRITING QUESTIONS

**Required for Earthquake and Volcanic Eruption Coverage**

Is the foundation wall solid brick or stone? No

Is the structure built in whole or in part on piers, pilings, stilts or not resting completely on solid ground? No

Is the structure within 50 feet of the top or bottom of a cliff? No

Is there evidence of unrepaired prior damage or unusual settling, cracking or deterioration of masonry foundations or walls? No

**Number of stories:**

**Property slope:**

**Are alcoholic beverages sold and/or consumed on the premises?** No

Is commercial grilling or frying done on premises? No

### POLICY LEVEL COVERAGES

Coverages	Limits
Coverage L - Business Liability	
Per Occurrence	\$1,000,000
Aggregate Limit	\$2,000,000
Products/Completed Operations Liability Annual Aggregate Limit	\$2,000,000
Coverage M - Medical Expenses	\$5,000
Damage to Premises Rented to You	\$300,000

Section I Coverages	Limits
Policy Deductible	\$1,000
Loss of Income and Extra Expense	12 Months Actual Loss Sustained

### UNDERWRITING QUESTIONS

Has any insurer or agency canceled or refused to renew similar insurance to the business within the past three years? No

Does the applicant operate other businesses and/or locations not included on this policy? No

Does the insured bottle, package, label, or manufacture products under their own name? No

Do employees regularly use their personal vehicles in the course of business? No

What type of product(s) does the applicant currently sell? (Select all that are applicable)

- Automotive, Boat, Machine Parts
- Books, Music, Other Media
- Children's Products (including clothing)
- Clothing, Accessories, Shoes
- Electronics, Computers, Office Supplies
- Food, Drink
- Home Furniture, Finishes
- Housewares and Decor
- Industrial, Chemical
- Sporting, Outdoor Goods
- Other

### Ownership/employee details

Number of corporate officers or directors: 1

Number of employees (including part-time, temporary, seasonal, and leased employees; excluding owners, partners, corporate officers and directors): 0

### ADDITIONAL ENDORSEMENTS

#### Inland Marine — Computer Property

Deductible: \$500

Computer hardware/software limit: \$25,000

Loss of income and extra expense limit: \$25,000

### BIND INFORMATION

Application bind date: 03/12/2020

Application bind time: 01:04 PM

## **POLICY PREMIUM**

Total annual premium: \$325.00

## **DISCLOSURES**

### **Underwriting Confirmation Statement:**

Coverage is not provided until this application is approved by State Farm's Underwriting Department.

### **Regarding Your Coverage Amount:**

It is up to you to choose the coverages and limits that meet your needs. We recommend that you purchase a coverage limit equal to the estimated replacement cost of your building. Replacement cost estimates are available from building contractors and replacement cost appraisers, or, your agent can provide an estimate from Xactware, Inc.<sup>®</sup> using information you provide about your building. We can accept the type of estimate you choose as long as it provides reasonable level of detail about your building. State Farm does not guarantee that any estimate will be the actual future cost to rebuild your building. Higher limits are available at higher premiums. Lower limits are also available, which if selected may make certain coverages unavailable to you. We encourage you to periodically review your coverages and limits with your agent and to notify us of any changes or additions to your building.

### **Application Acknowledgement Statement:**

By submission of this application, you agree that: (1) You have read this application, (2) your statements on this application are correct, (3) the coverages, including options and endorsements, and the amounts of coverage on this application are those chosen by you, and (4) the premium charged must comply with State Farm's rules and rates and may be revised.

Consumer reports, including credit and insurance loss history reports, may be ordered in conjunction with this application to help determine your eligibility for insurance and the price you are charged. In addition, consumer reports may be used to determine the price you are charged at renewal. We may also obtain and use a credit-based insurance score developed from information contained in these reports. We may use a third party in connection with the development of your insurance score. A brochure explaining how State Farm uses consumer reports is available upon your request. For additional information, please contact your State Farm agent.