COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

Reviewed for Code Compliance
Inspections Division
Approved with Conditions

Date: 05/17/13
Planner: Tammy Munson

AGENCY
Cross Insurance-Bath
5 Chandler Drive
PO Box 769
Bath ME 04530

CONTACT NAME: Claudette Turcotte
PHONE (A/C, No, Ext): (207)443-3336
FAX (A/C, No): (207)443-2521
E-MAIL ADDRESS: cturcotte@crossagency.com
CODE: SUB CODE:
AGENCY CUSTOMER ID: 00141765

CARRIER
Atlantic Casualty Insurance Company

UNDERWRITER: UNDERWRITER OFFICE:
POLICIES OR PROGRAM REQUESTED POLICY QUOTE

INDICATE SECTIONS ATTACHED					
	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		ELECTRONIC DATA PROC		TI
	BOILER & MACHINERY		EQUIPMENT FLOATER		UMBRELLA
	BUSINESS AUTO		GARAGE AND DEALERS		VEHICLE SCHEDULE
X	COMMERCIAL GENERAL LIABILITY		GLASS AND SIGN		WORKERS COMPENSATION
	CRIME/MISCELLANEOUS CRIME		INSTALLATION/BUILDERS RISK		YACHT
	DEALERS	X	OPEN CARGO		
	DRIVER INFO SCHEDULE		PROPERTY		
			TRANSPORTATION/ MOTOR TRUCK CARGO		

STATUS OF TRANSACTION

QUOTE | ISSUE POLICY | X RENEW
BOUND (Give Date and/or Attach Copy):
CHANGE DATE TIME X AM
CANCEL 12/28/2012 12:01 PM

PACKAGE POLICY INFORMATION

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
12/28/2012	12/28/2013	DIRECT BILL	Full Pay	
		X AGENCY BILL	PACKAGE POLICY PREMIUM: $ 0.00	

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)
John Welliver, DBA: dba LFK

MAILING ADDRESS INCL ZIP+4 (of First Named Insured)
188 A State St
Portland ME 04101

FEIN OR SOC SEC # (of First Named Insured): 900712338
PHONE (A/C, No, Ext): (207)899-3277
E-MAIL ADDRESS(ES): LFKPortland@gmail.com
WEBSITE ADDRESS(ES):

INDIVIDUAL	CORPORATION	SUBCHAPTER "S" CORPORATION	LLC NO. OF MEMBERS AND MANAGERS	CR BUREAU NAME:	DATE BUS STARTED
PARTNERSHIP	JOINT VENTURE	NOT FOR PROFIT ORG	X Sole Proprietor	ID NUMBER:	

INSPECTION CONTACT:
PHONE (A/C, No, Ext):
E-MAIL ADDRESS:
ACCOUNTING RECORDS CONTACT: Jose Ayerve
PHONE (A/C, No, Ext): (207)749-1658
E-MAIL ADDRESS: jayerve@gmail.com

PREMISES INFORMATION

ACORD 823 attached for additional premises

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
1	1	188 A State St Portland ME 04101 Cumberland	X INSIDE OUTSIDE	X OWNER TENANT				100
			INSIDE OUTSIDE	OWNER TENANT				
			INSIDE OUTSIDE	OWNER TENANT				
			INSIDE OUTSIDE	OWNER TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

The restaurant will be opened 5 p.m. to 1 a.m. and serve mostly appetizers, drinks and wine. There is no fryolator. The interior is gutted and all new. There are 93 permanent seating with 12 bar stools.

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