

ACORD COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
06/27/2005

AGENCY PHONE (A/C, No, Ext): 262-646-8252 FAX (A/C, No.): 262-646-5374	CARRIER GERMANTOWN	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF:
WILLIAM BROWN INSURANCE SERVICES, INC. 715 MILWAUKEE STREET DELAFIELD, WI 53018	POLICIES OR PROGRAM REQUESTED		POLICY NUMBER	
CODE: 569 AGENCY CUSTOMER ID:	SUB CODE:	INDICATE SECTIONS ATTACHED <input checked="" type="checkbox"/> PROPERTY GLASS AND SIGN ACCOUNTS RECEIVABLE/ VALUABLE PAPERS CRIME/MISCELLANEOUS CRIME TRANSPORTATION/ MOTOR TRUCK CARGO	EQUIPMENT FLOATER INSTALLATION/BUILDERS RISK ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY BUSINESS AUTO TRUCKERS/MOTOR CARRIER	GARAGE AND DEALERS VEHICLE SCHEDULE BOILER & MACHINERY WORKERS COMPENSATION UMBRELLA

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION							
<input type="checkbox"/> QUOTE	<input checked="" type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES						
<input checked="" type="checkbox"/> BOUND (Give Date and/or Attach Copy):	CHANGE DATE	TIME	AM	PM	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
CANCEL	7/1/2005				07/01/2005	07/01/2006	<input checked="" type="checkbox"/> DIRECT BILL AGENCY BILL	4 PAY	

NAME (First Named Insured & Other Named Insureds) JAMES R BRAUN DOB 5/17/2970		FEIN OR SOC SEC # (of First Named Insured): 393-86-8760 PHONE (A/C, No, Ext): 262-993-9553	MAILING ADDRESS INCL ZIP+4 (of First Named Insured) W126 N6041 PARKWAY DR MENOMONEE FALLS, WI. 53051	
E-MAIL ADDRESS(ES):		WEBSITE ADDRESS(ES):		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input checked="" type="checkbox"/> LIMITED LIAB CORP NO. OF MEMBERS AND MANAGERS	CR BUREAU NAME
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE			ID NUMBER
INSPECTION CONTACT JIM		PHONE (A/C, No, Ext): H 262-703-9361	ACCOUNTING RECORDS CONTACT	
		PHONE (A/C, No, Ext):	DATE BUS STARTED 05	

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
1	1	3164 S 13TH STREET MILWAUKEE, WI. 53215	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	1905	100%
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)
FORMER POLICY # 1020601 NEW OWNER (WOLFGANGS) NOW DYLAN'S

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)		<input checked="" type="checkbox"/>	<input type="checkbox"/>			

REMARKS/PROCESSING INSTRUCTIONS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

APPLICANT'S SIGNATURE	DATE 06/27/2005	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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ACORD COMMERCIAL GENERAL LIABILITY SECTION

DATE 01/07/2005

PRODUCER **PHONE** 262-646-8252
 (A.C. No. Ext.)
 WILLIAM BROWN INSURANCE SERVICES, INC.
 715 MILWAUKEE STREET
 DELAFIELD, WI 53018

APPLICANT (First Named Insured) **DYLAN'S PUB**

EFFECTIVE DATE 07/01/2005	EXPIRATION DATE 07/01/2006	<input checked="" type="checkbox"/> DIRECT BILL	PAYMENT PLAN	AUDIT
		<input type="checkbox"/> AGENCY BILL	4 PAY	

FOR COMPANY USE ONLY
 GERMANTOWN

CODE: 569 SUB CODE:

AGENCY CUSTOMER ID:

COVERAGES

LIMITS

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$ 2,000,000	PREMIUMS
<input type="checkbox"/> CLAIMS MADE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 1,000,000	PREMISES/OPERATIONS
<input checked="" type="checkbox"/> OCCURRENCE	PERSONAL & ADVERTISING INJURY	\$ 1,000,000	
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	EACH OCCURRENCE	\$ 1,000,000	PRODUCTS
	DAMAGE TO RENTED PREMISES (each occurrence)	\$ 100,000	
	MEDICAL EXPENSE (Any one person)	\$ 5,000	OTHER
	EMPLOYEE BENEFITS	\$	
			TOTAL

DEDUCTIBLES

PROPERTY DAMAGE	\$		PER CLAIM
BODILY INJURY	\$		PER OCCURRENCE

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the Business Auto Section, ACORD 127)

SCHEDULE OF HAZARDS

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	TAVERN		GROSS SALES						
			100,000						

RATING AND PREMIUM BASIS

(S) GROSS SALES, PER \$1,000/SALES (P) PAYROLL, PER \$1,000/PAY (C) TOTAL COST, PER \$1,000/COST (U) UNIT, PER UNIT
 (A) AREA, PER 1,000/SQ FT (M) ADMISSIONS, PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EMPLOYEE BENEFITS LIABILITY

1. PROPOSED RETROACTIVE DATE:	1. DEDUCTIBLE PER CLAIM: \$
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:	2. NUMBER OF EMPLOYEES:
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	4. RETROACTIVE DATE:

REMARKS

ACORD PROPERTY SECTION

DATE (MM/DD/YYYY)
01/07/2005

INSURER
PHONE (A.C. No. Eff): 262-646-8252
FAX (A.C. No.): 262-646-5374
WILLIAM BROWN INSURANCE SERVICES, INC
715 MILWAUKEE STREET
DELAFIELD, WI 53018
CODE: 569
SUB CODE:

APPLICANT (First Insured)
DYLAN'S PUB
EFFECTIVE DATE: 07/01/2005
EXPIRATION DATE: 07/01/2006
DIRECT BILL:
AGENCY BILL:
PAYMENT PLAN: 4 PAY
AUDIT
FOR COMPANY USE ONLY: GERMANTOWN

PREMISES INFORMATION
PREMISES #: 1 BUILDING #: 1 STREET ADDRESS: 3164 S. 13TH STREET

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLANKET COVERAGE	FORMS AND CONDITIONS TO APPLY
BUILDING	170,000	80		SPECIAL		1000		REPLACEMENT COST
BUSINESS PERSONAL PROPERTY	50,000	80		SPECIAL		1000		REPLACEMENT COST

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE				EXTRA EXPENSE			
TYPE OF BUSINESS	ORDINARY PAYROLL	POWERHEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP					
NON MFG	EXCL <input type="checkbox"/> INCL <input type="checkbox"/>	\$ DED	DAYS	\$ STUDENTS	POWER	% COIN					
MFG	90 DAYS	ELEC MEDIA	NO PERIOD	\$ OTHER ED SERV/ANC	WATER	CONT LOC					
MINING	180 DAYS	DAYS	LIMIT		COMM (DESCR BELOW)	REC LOC					
% COINS	\$	ORD OR LAW	MAX PERIOD			MFG LOC					
		DAYS				LDR LOC (DESC BELOW)					

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP
EXTRA EXPENSE _____ DAYS PERIOD REST
LIMIT LOSS PAY _____ % _____ % _____ %

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION
1 UNIT APARTMENT RENTAL ABOVE TAVERN

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
FRAME	100 FT	1 MI		2	2	1	1905	
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input checked="" type="checkbox"/> WIRING, YR: 2002	<input checked="" type="checkbox"/> PLUMBING, YR: 2002	WIND CLASS		HEATING BOILER ON PREMISES? YES NO				
<input checked="" type="checkbox"/> ROOFING, YR: 2000	<input checked="" type="checkbox"/> HEATING, YR: 2000	RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER <input type="checkbox"/>		IF YES, IS INSURANCE PLACED ELSEWHERE? YES NO				
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE					
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY	# GUARDS/WATCHMEN			CLOCK HOURLY				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CQ, Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER		CENTRAL STATION LOCAL GONG				

ADDITIONAL INTERESTS					
RANK:	NAME AND ADDRESS	EVIDENCE CERTIFICATE POLICY	RANK:	NAME AND ADDRESS	EVIDENCE CERTIFICATE POLICY
INTEREST	AL WASLEY DBA WOLFGANGS PUB, LLC 3164 SOUTH 13TH STREET MILWAUKEE, WI 53215	<input type="checkbox"/>	INTEREST		<input type="checkbox"/>
LOSS PAYEE MORTGAGEE			LOSS PAYEE MORTGAGEE		

VALUE REPORTING INFORMATION				
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE				