



Erickson-Larsen, Inc.
 6425 Sycamore Court N.
 Maple Grove, MN 55369-6028
 Phone: 763.535.0055
 Fax: 763.535.4051
 Wats: 800.442.3168

Bjornson/Sentinel-E&L
 P.O. Box 2827
 Fargo, ND 58108-2827
 Phone: 701.232.2444
 Fax: 701.232.2529
 Wats: 800.284.0965

Erickson-Larsen, Inc.-WI
 P.O. Box 8156
 Madison, WI 53708-8156
 Phone: 608.249.6050
 Fax: 608.249.5874
 Wats: 888.249.6050

ANTIQUE STORE QUESTIONNAIRE
 To Be Completed in Addition To an Acord Application

Named Insured: _____ Agents Name: _____

1. Does insured do repairs or restoration work? Yes No
 If so, where? _____
2. Are Patrons denied access to work or storage areas? Yes No
3. Is there any off-premises service, installation, or repairs? _____
4. What chemicals, paints and refinishing materials are kept on hand? _____
 How are they stored? _____
5. Are workers using chemicals, paints, & refinishing materials issued proper protective equipment?
Yes No
6. Is there any stock stored off premises? Yes No If so, where? _____
7. What records of purchases and sales are kept? _____
 Where are they stored? _____
8. Does insured conduct on-premises auctions or participate in shows conducted off-premises? Explain.

9. Is there a working Central Station Alarm? Yes No
10. Is there any gun sales? Yes No If so, what percent of receipts? _____

 -
 This application shall not be binding unless and until a policy shall be insured and a down payment made and then only as of the commencement date of said policy and in accordance with all terms hereof, and the said Application hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant; and the same are hereby made the basis and a condition of the insurance, and a warranty on the part of the Insured.

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____