



6238 FAR HILLS AVE.  
DAYTON, OH 45459

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NOTE: PLEASE MAKE CERTAIN THAT ALL QUESTIONS ARE ANSWERED IN FULL.  
INCOMPLETE OR MISSING ANSWERS WILL CAUSE THE APPLICATION TO BE  
RETURNED.

**RESTAURANT/BAR/NIGHTCLUB APPLICATION**

PROPOSED EFFECTIVE DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

(please include number, street, actual city, county, state and zip code)

APPLICANT IS: \_\_\_\_\_ individual \_\_\_\_\_ partnership \_\_\_\_\_ corporation \_\_\_\_\_ other \_\_\_\_\_

APPLICANT IS: \_\_\_\_\_ owner \_\_\_\_\_ tenant

BUSINESS IS: \_\_\_\_\_ tavern/nightclub \_\_\_\_\_ restaurant \_\_\_\_\_ club \_\_\_\_\_

IS THERE: \_\_\_\_\_ table service only \_\_\_\_\_ bar service only \_\_\_\_\_ table and bar service

DESCRIBE OTHER OCCUPANCIES IN THE BUILDING \_\_\_\_\_

ADJACENT EXPOSURES: RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_

IF AN ADDITIONAL INSD IS DESIRED, STATE NAME OF A.I., ADDRESS &  
INTEREST: \_\_\_\_\_

\_\_\_\_\_ MORTGAGE NAME: \_\_\_\_\_

\_\_\_\_\_ LOSS PAYABLE ADDRESS: \_\_\_\_\_

\_\_\_\_\_ CONTRACT OF SALE CITY, STATE, & ZIP: \_\_\_\_\_

**BUSINESS INFORMATION:**

NO. OF YEARS IN BUSINESS: \_\_\_\_\_ NO. OF YEARS AT CURRENT LOC: \_\_\_\_\_

NO. OF YEAR EXPERIENCE: \_\_\_\_\_ NO. OF YEARS OWNERSHIP: \_\_\_\_\_

BUSINESS HOURS: MON-THUR \_\_\_\_\_ FRIDAY \_\_\_\_\_ SATURDAY \_\_\_\_\_  
SUNDAY \_\_\_\_\_ DAYS OPEN PER WEEK: \_\_\_\_\_

LIVE BANDS: YES OR NO TYPE OF BANDS: \_\_\_\_\_

DANCE FLOOR: YES OR NO NO. OF DAYS PER WEEK \_\_\_\_\_

DANCERS: DIMENSIONS OF DANCE FLOOR \_\_\_\_\_ X \_\_\_\_\_ NO. LEVELS \_\_\_\_\_

DISC JOCKEY: \_\_\_\_\_

DANCING ALLOWED ON PREMISES: YES OR NO

CLIENTELE AGE: \_\_\_\_\_ UNDER 21 \_\_\_\_\_ UNDER 30 \_\_\_\_\_ OVER 30 \_\_\_\_\_ OVER 50 \_\_\_\_\_

CLIENTELE ORIGINS: \_\_\_\_\_ LOCAL RESIDENTS \_\_\_\_\_ COLLEGE \_\_\_\_\_ FAMILIES \_\_\_\_\_

CONTACT FOR INSPECTIONS: \_\_\_\_\_

BEST TIME TO CALL & PHONE #: \_\_\_\_\_

LIQUOR LICENSE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

CONSTRUCTION: FRAME BRICK NON-COMB SPRINKLERED OTHER  
 FIRE PROTECTION CLASS:        YEAR BUILT:        NO. OF STORIES         
 LAST RENOVATION DATE FOR 1)ELECTRICAL        2)HEATING        3)ROOF        4)PLUMBING         
 EXPOSURES TO LEFT        RIGHT        BEHIND        TYPE OF WIRING         
 CONDITION OF BUILDING:        EXCELLENT        ABOVE AVERAGE        AVERAGE         
       BELOW AVERAGE  
 FIRE ALARM: YES OR NO TYPE:        LOCAL        CENTRAL STATION        OTHER  
 BURGLAR ALARM: YES OR NO TYPE:        LOCAL        CENTRAL STATION        OTHER  
 IS ANY TYPE OF COOKIGN DONE ON PREM. (please circle if microwave only) YES OR NO  
 IS THERE A UL APPROVED AUTO SUPPRESSION SYSTEM YES OR NO  
 OVER COOKING AREA IN ITS ENTIRETY  
 IS THE SYSTEM THE NEW UL 300 WET SYSTEM YES OR NO  
 IS THERE A SEMI-ANNUAL SERVICE CONTRACT FOR THE ABOVE YES OR NO  
 ARE THERE GAS OR ELECTRIC SHUT OFF FOR COOKING EQUIPMENT W/ PULL YES OR NO  
 ARE HOODS AND DUCTS CLEANED AT A MINIMUM OF EVERY SIX MONTHS YES OR NO  
 ARE PORTABLE FIRE EXTINGUISHERS MOUNTED AND ACCESSIBLE TO YES OR NO  
 COOKING AREA  
 HAS APPLICANT EVER BEEN CONVICTED OF A FELONY YES OR NO  
 HAS APPLICANT EVER HAD HIS/HER LIQUOR LICENSE SUSPENDED OR REVOKED YES OR NO  
 HAS APPLICANT EVER BEEN INVOLVED IN BANKRUPTCY OR LIQUIDATION YES OR NO  
 IF YES TO LAST THREE QUESTIONS EXPLAIN:         
      

**BUILDING INFORMATION:**

DEDUCTIBLE: \$500.00        \$1,000.00        \$2,500.00        OTHER         
 PERILS: BASIC        BROAD         
       SPECIAL EXCLUDING THEFT        SPECIAL         
 ACTUAL CASH VALUE (ACV)        REPLACEMENT COST (RC)        OTHER:         
 BUILDING LIMIT:        CONTENTS LIMIT:         
 BUSINESS INCOME LIMIT:        1/4        1/6        1/3        OTHER:       

SIGN:        INSIDE OR OUTSIDE (provide description with wording)  
      

GLASS: (need value & schedule of dimensions)       

**GENERAL LIABILITY:**

LIMITS OF LIABILITY: GENERAL AGGREGATE \$         
 PRODUTS/COMPLETED OPERATIONS AGG: \$         
 PERSONAL & ADVERTISING INJURY \$         
 DEDUCTIBLE: EACH OCCURRENCE \$         
 BI        FIRE DAMAGE \$         
 PD        MEDICAL EXPENSE (any one person) \$         
 LIQUOR LIABILITY (occurrence & aggregate) \$       

TOTAL ANNUAL RECEIPTS: \$         
 LIQUOR RECEIPTS: \$         
 FOOD RECEIPTS: \$         
 ADMISSION RECEIPTS: \$         
 OTHER RECEIPTS: \$

RESTAURANT/BAR/NIGHTCLUB AREA: \_\_\_\_\_

PARKING LOT AREA: \_\_\_\_\_

DO YOU RENT ANY SEPARATE PARKING LOT AREA: YES OR NO

ARE THERE ANY APARTMENTS ON PREMISES?: YES OR NO

How many \_\_\_\_\_

DOES EACH UNIT HAVE SMOKE DETECTORS: YES OR NO

ARE THERE ANY OTHER OCCUPANCIES IN THE BUILDING? YES OR NO

If yes please explain \_\_\_\_\_

**INSURANCE HISTORY:**

Please complete for the past five years. (missing information will cause application to be returned)

YEAR	CARRER	POLICY NUMBER	ANNUAL PREMIUM

HAS COVERAGE EVER BEEN DENIED, CANCELED OR NON-RENEWED IN THE PAST FIVE YEARS: YES OR NO

IF YES EXPLAIN: \_\_\_\_\_

LIST ALL LOSSES IN THE PAST FIVE YEARS. IF NONE, THEN STATE HERE \_\_\_\_\_

LOSS DATE	CAUSE OF LOSS	AMOUNT PAID/RESERVE	OPEN/CLOSED

(a copy of the loss runs is always helpful and could speed up the quoting process)

Warning Notice (OHIO) any person with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

I hereby authorize the company, its agents, and representatives to secure claims information from my current and previous insurance carriers.

Insured's signature & title  
Date: \_\_\_\_\_

Agent's signature & phone number  
Date: \_\_\_\_\_