

Bars/Restaurants/Taverns Insurance Application

Name of Applicant	
Mailing Address	
Location Address	

PROPOSED EFFECTIVE DATE: From _____ to _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: ___ Individual ___ Corporation ___ Partnership ___ Joint Venture ___ Other (Specify) _____

Property section

Location 1 – If there is more than one location fill out a separate application

Coverage Requested:

Building \$ _____ Coinsurance _____ % Deductible \$ _____

Business Personal Property \$ _____ Coinsurance _____ % Deductible \$ _____

Business Income \$ _____ Coinsurance _____ % and/or monthly limitations _____ %

Extra Expense \$ _____ Coinsurance _____ %

Other type of coverage _____ Limits \$ _____

_____ Limits \$ _____

_____ Limits \$ _____

Mortgagee: _____

Surrounding Exposures

Urban Industrial Rural Resort Shopping center

Construction: _____ Year built: _____ Protection class: _____

Square Footage of Building: _____ Number of stories: _____

Updates: Roof: _____ (Year) Plumbing: _____ (Year)

Heat: _____ (Year) Electric: _____ (Year)

Exposures: Right _____ Left _____ Rear _____

List all other occupancies of the building: _____

Smoke detectors? Yes No Hired wired? Yes No

Sprinkler system? Yes No If yes, describe the system _____

Burglar alarm? Yes No Central Station Yes No

Fire alarm? Yes No Central Station Yes No

Number of cooking appliances:

Deep fat fryers: _____ Broilers: _____ Grills: _____ Ovens: _____ Other: _____

Type of fuel: Gas _____ Electric _____ Other _____

Ansul system over all cooking services? Yes No Serviced schedule: Monthly _____ Quarterly _____ Semi-Annual _____

Name of servicing company _____ Is there a contract in place for ansul system servicing? _____

Type of system: Dry chemical _____ Wet chemical _____ CO2 _____ Other _____

Manual pull for extinguisher system readily accessible and clearly identified Yes _____ No _____

Metal Hoods and ducts covering all cooking services? Yes _____ No _____

Cleaning schedule: Monthly _____ Quarterly _____ Semi-Annual _____

Have you ever had property insurance coverage denied, cancelled, or non-renewed during the last 3 years? _____

If yes, provide an explanation:

Are you aware of any occurrence that may lead to a property insurance claim? _____

If yes, provide an explanation:

Commercial General Liability Insurance Section

LIMITS OF LIABILITY REQUESTED	PREMIUMS
General Aggregate \$	Premises/Operations
Products & Completed Operations Aggregate \$	
Personal & Advertising Injury \$	Products/Completed Operations
Each Occurrence \$	
Fire Damage (any one fire) \$	Other
Medical Expense (any one person) \$	
Other Coverages, Restrictions, and/or Endorse-	Total
	\$

Classification of risk: Nightclubs are ineligible for this program

Tavern Bowling center Caterer: Off premises On premises
 Restaurant Banquet facility Membership club Country club Package store

Annual sales:

	Past 12 Months	Next 12 Months
Liquor Sales		
Food Sales		
Other		
Total		

Clientele:

Median age of patrons: 18-25 25-30 30-40 40 and over
 Are premises located near a college or university? Yes No

Entertainment:

Is there any live entertainment on premises? Yes No Number of times per week: _____

If yes, describe (include go-go dancers, topless, disco, exotic, female/male): _____

Is there dancing? Yes No Number of times per week: _____ Square footage of dance floor: _____

Does applicant have amusement devices? Yes No If yes, how many? _____ Describe: _____

Is there a minimum or cover charge? Yes No

Sports on premises? Yes No If yes, provide complete details: _____

Sports sponsored off premises? Yes No Number of times per week: _____ Give details: _____

F. General Information:

Are facilities available for use or rent for private parties, receptions, banquets or similar affairs? Yes No

If yes, number of times per year: _____ Describe: _____

Does applicant advertise or promote "happy hour" or other events when drinks are sold at a lower price than usual? Yes No

Do you subscribe to a taxi or other service providing transportation home to apparently intoxicated persons? Yes No

If yes, describe: _____

Number of years under current management: _____ How many hours per day is applicant open? _____

Types of meals served: Full meals Short order

Maintenance of building is: Good Average Poor Housekeeping is: Good Average Poor

Does applicant have parking area? Yes No Is parking lot well lit? Yes No

In the past five years has applicant been cited by the Liquor Control Commission? Yes No

If yes, give date(s) and full explanation: _____

Are police records and background checks conducted on employees? Yes No

Number of bouncers or doormen: _____ Are security guards/bouncers/doormen employees or independent contractors?

If independent contractors, do they provide Certificates of Insurance and Additional Insured Endorsements to the applicant?

Yes No

Does applicant have Workers' Compensation coverage in force? Yes No

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? Yes No

If so, explain: _____

Previous Insurer: Indicate premiums and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL. #	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

SCHEDULE OF HAZARDS:										
Loc. No.	Classification	Class. Code	Premium Bases:			Terr.	Rate		Premium	
			(s) Gross Sales (a) Area	(p) Payroll (c) Total Cost (t) Other			Prem. /Ops.	Products/ Comp. Ops.	Prem. /Ops.	Products/ Comp. Ops.

Have you ever had Commercial General Liability coverage denied, cancelled, or non-renewed during the last 3 years? _____

If yes, provide an explanation: _____

Are you aware of any occurrence that may lead to a Commercial General Liability insurance claim? _____

If yes, provide an explanation: _____

Liquor Liability Section

Number of years applicant has owned or operated a this licensed establishment: _____

Number of years in business at this location: _____

Name, address, phone of liquor license: _____

Limits requested – General Aggregate Limit must equal Each Common Cause Limit and not exceed General Aggregate Limit

Each Common Cause: \$ _____ **Aggregate:** Same

Hours and days of operation: _____

Estimated annual receipts \$ _____ Receipts will be audited.

Alcoholic Beverages \$ _____ Percentage of package store vs. bar/tavern sales _____% to _____%

Non-alcoholic Beverages \$ _____

Drink prices: Cocktails \$ _____ to \$ _____ Beer \$ _____ to \$ _____ Wine \$ _____ to \$ _____

Other (e.g. entertainment, admissions, amusements) \$ _____

Explain any special promotions (e.g. ladies night, happy hours, 2 for 1 etc.): _____

Describe frequency and type of live entertainment _____

Describe type and frequency and type of amusement devices _____

Hours and days that that owner/general manager is on duty _____

Describe any off-premises liquor service _____ Yearly receipts \$ _____

Violations:

List any liquor license revocations or suspensions: _____

Have the police been called to your establishment within the last 3 years? _____ If yes, please provide explanation(s)

Training:

What instruction, written or otherwise, is provided to servers regarding handling minors or intoxicated customers?

Do you employ bouncers? _____ I.D. Checkers? _____

Do you currently carry Liquor Liability Insurance? _____ If yes: Occurrence _____ Claims-Made _____

Have you ever had Liquor Liability coverage denied, cancelled, or non-renewed during the last 3 years? _____

If yes, provide an explanation: _____

Are you aware of any occurrence that may lead to a Liquor Liability insurance claim? _____

If yes, provide an explanation: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

I/We agree to submit records for audit by the Company upon termination or expiration of this policy for the determination of actual gross receipts during the coverage period.

APPLICANT'S SIGNATURE _____ Date _____
(MUST BE OWNER, PARTNER OR OFFICER)

AGENT NAME _____ AGENT LICENSE NUMBER: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE