

### Bars/Restaurants/Taverns Insurance Application

<b>Name of Applicant</b>	
<b>Mailing Address</b>	
<b>Location Address</b>	

**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:

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

If yes, provide an explanation:

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### 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		
<b>Total</b>		

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