

13. Area of Premises: sq. ft.	Area of Parking Lot/Field: sq. ft.	Are there any uneven surfaces? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Licensed for Number of Occupants:		Number of Employees:

GENERAL LIABILITY

Coverages/Limits Requested

Each Occurrence	\$ _____	Each Occurrence
General Aggregate	\$ _____	General Aggregate
Products-Completed Operations	\$ _____	Products-Completed Operations Aggregate
<input type="checkbox"/> Personal and Advertising Injury	\$ _____	Personal and Advertising Injury
<input type="checkbox"/> Damage to Premises Rented to You	\$ _____	Damage to Premises Rented to You
<input type="checkbox"/> Medical Payments	\$ _____	Medical Payments
<input type="checkbox"/> Employee Benefits	\$ _____	Employee Benefits
<input type="checkbox"/> Assault & Battery	\$ _____	Assault & Battery Occurrence/Aggregate
<input type="checkbox"/> Hired and Non-Owned	\$ _____	Hired and Non-Owned
<input type="checkbox"/> Liquor Liability	\$ _____	Liquor Liability
GL Deductible	\$ _____	
Liquor Deductible	\$ _____	

Additional Insureds

Name	Address	Interest

REVENUE

Provide annual sales for food and alcoholic beverages (liquor, beer, and wine):

	Alcohol On-Sale	Alcohol Off-Sale	Food Sales	Other Sales	Total Sales
Next 12 months	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Past 12 months	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

OPERATIONS

1. Type of Operation (check all which apply):

Banquet Facility
Do you or your customers hire any services related to banquets, weddings, meetings, etc.? Yes No
If yes, describe: _____

Brewing Operation Tour
Non-skid surfaces on floors? Yes No
Floor drains? Yes No
Tours supervised by employees? Yes No

Comedy Club
 Food Truck/Kiosk
 Hookah or Shisha Bar
 Restaurant
 Other - Describe in detail: _____

	Yes	No
2. Any watercraft, docks, or floats owned, hired or leased?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you cater? If yes, sales: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you deliver food or alcohol or provide rides for customers? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>

SUB CONTRACTED WORK N/A

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you require subcontractors to sign a hold-harmless or indemnification agreement in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you utilize a standardized contract with all of your subcontractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you require subcontractors to: | | |
| a. Carry General Liability coverage with coverage and limits equal or greater than your own? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Name you as an Additional Insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Furnish Certificates of Insurance for General Liability and Workers Compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Keep records? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Total cost of work subcontracted: \$ | | |
| 5. Describe work performed by all subcontractors: | | |

ENTERTAINMENT

1. Do you feature any entertainment? Yes No
- a. If yes, how often? _____ per year
- b. Entertainment type: Band Velcro Walls, Stage Diving Karaoke
 DJ Body Surfing Pyrotechnic Displays
 Juke Box Mosh Pits Solo Vocalist
 Stage/Floor Show or Contest – describe: _____
 Other – describe: _____
-
2. Is there a dance floor? Yes No
If yes, indicate size of dance floor: _____ sq. ft.
-
3. Do you have any amusement devices and/or sports facilities? Yes No
(i.e. Basketball/Volleyball Courts, Baseball Field, Pool Tables, Foosball, Air Hockey, Dart Boards, Mechanical Bulls, etc.)
If yes, describe: _____

SECURITY/SAFETY

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is the insured/manager on duty during all open hours?
If no, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Number of exits: _____ | | |
| a. Are all exits marked with exit signs? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are all exits equipped with panic door hardware?
If no, are all exits unlocked during business hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are all exits secured from unauthorized entry per state requirements? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there emergency lighting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the parking lot under the applicant's control?
If yes, are there security cameras? | <input type="checkbox"/> | <input type="checkbox"/> |

ASSAULT & BATTERY

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you employ "bouncers", I.D. checkers, and/or other security guards?
If yes, do bouncers/guards comply with: | <input type="checkbox"/> | <input type="checkbox"/> |
| a. State license/permit requirements? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your written guidelines regarding behavior standards for bouncers and/or security guards? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you hire private bouncers and/or security guards?
If yes, do they provide Certificates of Insurance with equal or greater limits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you hold harmless any private bouncers and/or security guards? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you had any assault or battery claims/incidents within the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the establishment require a cover charge? | <input type="checkbox"/> | <input type="checkbox"/> |

SPECIAL EVENTS

If you have any special events that occur off of your premises, please refer to the Special Events Application Supplement, S62-CG.

PRODUCT LIABILITY COVERAGE

	Yes	No
1. Do you comply with FDA and TBB (Tax & Trade Bureau) requirements?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is batch testing required?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a written product recall plan in place?	<input type="checkbox"/>	<input type="checkbox"/>

LIQUOR LIABILITY COVERAGE Yes No N/A

	Yes	No
1. Do you have three or more liquor losses/violations in the past three years under current management?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there ongoing employee training that includes written and enforced policies/procedures for intoxicated customers and minors?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you offer any "open bars" providing alcohol at no charge, "All You Can Drink", BYOB, or any promotional event? (Tasting is acceptable)	<input type="checkbox"/>	<input type="checkbox"/>

If yes, describe:

PROPERTY COVERAGE Yes No N/A

Location	1.
	2.
	3.

	Location 1	Location 2	Location 3
Building Limit	\$ _____	\$ _____	\$ _____
Business Personal Property Limit	\$ _____	\$ _____	\$ _____
Deductible	\$ _____	\$ _____	\$ _____
Construction Class			
Protection Class			
Year Built			
# Stories			
Burglar Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Premises Fire Protection (i.e. Sprinklers, Co2/Chemical System)			
Building Improvements (incl. Year)	<input type="checkbox"/> Wiring _____ <input type="checkbox"/> Heating _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Roofing _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Wiring _____ <input type="checkbox"/> Heating _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Roofing _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Wiring _____ <input type="checkbox"/> Heating _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Roofing _____ <input type="checkbox"/> Other _____
Smoke Detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Fire Extinguishers			
Fire extinguishers serviced and tagged within the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL COVERAGES – Check all that apply.

<input type="checkbox"/> Business Income/Extra Expense	\$ _____	Limit
<input type="checkbox"/> Equipment Breakdown Coverage		
<input type="checkbox"/> Spoilage Coverage	<input type="checkbox"/> \$5,000 Limit <input type="checkbox"/> \$10,000 Limit <input type="checkbox"/> Other Limit \$ _____	
<input type="checkbox"/> Ordinance or Law Coverage	Coverage A Limit \$: _____	Coverage B Limit \$: _____ Coverage C Limit \$: _____
<input type="checkbox"/> Drain Backup Coverage	<input type="checkbox"/> Preferred Property Extension Coverage	
<input type="checkbox"/> Peak Season Coverage	<input type="checkbox"/> Property Extension Coverage	

COOKING HAZARDS

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is any type of cooking (other than microwave cooking) done on premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Semi-annual service contract for auto extinguishing equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Automatic gas or electric shut-off for cooking with manual pull? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are hoods and ducts equipped with filters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are filters cleaned at a MINIMUM of every six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are fire extinguishers accessible to cooking areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is there any tableside cooking or open pit barbecues? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the brewing equipment have relief valves? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there a written maintenance plan in place for the brewing and refrigeration equipment? | <input type="checkbox"/> | <input type="checkbox"/> |

HISTORY

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Were any operations sold, acquired, or discontinued in the last five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does applicant have any other business ventures for which coverage is not requested?
If yes, explain: | <input type="checkbox"/> | <input type="checkbox"/> |

PRIOR CARRIER INFORMATION

Previous Insurer and Loss History: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. See Loss Runs attached

Year	Company	Policy Number	Premium	Losses Paid	Losses Reserved	Description of Loss
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or non-renewed by any company during the past 3 years?

No Yes - If Yes, give name of company, date, and reason.

FRAUD STATEMENTS

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

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

SIGNATURES

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address