



**RESTAURANT, BAR & TAVERN
APPLICATION SUPPLEMENT**

PREQUALIFIERS - Risk(s) are ineligible if they include any of the following characteristics. Please complete:

	Yes	No
1. Operations allow guns on the premises.	<input type="checkbox"/>	<input type="checkbox"/>
2. Operates as a nightclub, cabaret (including host/hostess bar), exotic dancing or strip club.	<input type="checkbox"/>	<input type="checkbox"/>
3. Armed security guards (including but not limited to guns, Tasers or stun guns).	<input type="checkbox"/>	<input type="checkbox"/>
4. Provides hazardous entertainment (i.e. punk/rap, underground bars, wrestling for entertainment, stage diving, body surfing, mechanical bull, mosh pits, or pyrotechnic display(s)).	<input type="checkbox"/>	<input type="checkbox"/>
5. Operates as an Oxygen bar.	<input type="checkbox"/>	<input type="checkbox"/>
6. Hookah/Shisha bars if over 25% of entire operation receipts.	<input type="checkbox"/>	<input type="checkbox"/>
7. Operates on a seasonal basis:		
a. Plumbing, water pipes, and sprinkler system not shut off and drained while operations are closed for the season.	<input type="checkbox"/>	<input type="checkbox"/>
b. Building not checked weekly when closed for the season.	<input type="checkbox"/>	<input type="checkbox"/>
8. UL approved auto extinguishing systems not used over ALL cooking surfaces and deep fryers.	<input type="checkbox"/>	<input type="checkbox"/>
9. Regular service/maintenance program not in place for all extinguishing systems.	<input type="checkbox"/>	<input type="checkbox"/>
10. If any Liquor Liability exposure, answer the following questions:		
a. Three or more liquor losses/violations in the past 3 years under current management.	<input type="checkbox"/>	<input type="checkbox"/>
b. All alcohol-serving employees are not certified in a Formal Alcohol Training Course. Provide name of course (e.g. TIPS, TAM, RAMP, BEST, etc.): _____	<input type="checkbox"/>	<input type="checkbox"/>
c. No written and enforced policies for intoxicated customers and minors.	<input type="checkbox"/>	<input type="checkbox"/>
d. Any "open bars" providing alcohol at no charge, "All You Can Drink" and/or any similar type of special.	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL INFORMATION

1. Proposed First Named Insured & Other Named Insured(s): _____

2. Mailing Address Street City County State ZIP Code

3. Location Address Street City County State ZIP Code

4. Contact Name: _____ Phone Number: _____

5. Website: _____

6. Policy Period Desired: From: _____ To: _____

7. Business Type: Individual Partnership Corporation Joint Venture LLC
 Other (specify): _____

GENERAL LIABILITY

Coverages/Limits Requested

- Premises Operations \$ _____ General Aggregate
- Products-Completed Operations \$ _____ Products-Completed Operations Aggregate
- Personal and Advertising Injury \$ _____ Personal and Advertising Injury
- Damage to Premises Rented to You \$ _____ Damage to Premises Rented to You
- Contractual Liability \$ _____ Contractual Liability
- Medical Payments \$ _____ Medical Payments
- Employee Benefits \$ _____ Employee Benefits

BUSINESS INFORMATION

1. Type of Business:

- | | | |
|--|---|--|
| <input type="checkbox"/> Bar/Lounge | <input type="checkbox"/> Casino | <input type="checkbox"/> Hookah or Shisha Bar |
| <input type="checkbox"/> Banquet Facility | <input type="checkbox"/> Comedy Club | <input type="checkbox"/> Pool Hall/Billiard Parlor |
| <input type="checkbox"/> Bottle Club | <input type="checkbox"/> Dance Club | <input type="checkbox"/> Private/Country Club |
| <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Food Truck/Kiosk | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Fraternal Club | |
| <input type="checkbox"/> Other - Describe in detail: | | |

Date Business Started:

2. Hours of Operation:	Monday - Thursday	Friday	Saturday	Sunday
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3. Management's years of experience:

4. Clientele age:	<input type="checkbox"/> 18-25	%	<input type="checkbox"/> 25-35	%
	<input type="checkbox"/> Over 35 years	%	<input type="checkbox"/> Over 50 years	%

5. Area surrounding premises (check the most applicable):

- Rural
 Entertainment District
 Suburban Commercial
 Urban Commercial
 Residential
 Colleges - distance from campus:

6. Area of Premises	Area of Parking Lot	Licensed for Number of Occupants	
sq. ft.	sq. ft.		
7. Number of Employees:	Managers	Bartenders	Wait Staff

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 8. Is the parking lot under the applicant's control? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is your building located or built on a wharf, pier, beach, dock, or on pilings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Any watercraft, docks, or floats owned, hired or leased? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is delivery service provided for food or liquor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you cater? If yes, indicate sales: \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does establishment rent out facility for banquets, weddings, etc.?
If yes, number of times per year: | <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: \$ | | |

Remarks:

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	\$	\$	\$	\$	\$

SPECIAL EVENTS

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

AMUSEMENT DEVICES & SPORTS FACILITIES

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, etc.)

If yes, describe:

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: _____

- c. If musical entertainment, type of music: Top 40s Country Classic Rock
 Jazz Soft Rock R&B
 Alternative Rap
 Other - describe: _____
-

2. Is there a dance floor? Yes No

If yes, indicate size of dance floor: _____ sq. ft.

SECURITY/SAFETY

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is the insured/manager on duty during all open hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, explain: _____ | | |
| 2. Do you employ "bouncers", I.D. checkers, or other security personnel? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you provide a hold harmless agreement in favor of any security company with whom you contract? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, are all exists 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"/> |
| 5. Is there emergency lighting? | <input type="checkbox"/> | <input type="checkbox"/> |
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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 system? | <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 hoods and ducts cleaned at a MINIMUM of every six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are portable fire extinguishers mounted and accessible to cooking areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is there tableside cooking or open pit barbecues? | <input type="checkbox"/> | <input type="checkbox"/> |
-

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

LIQUOR LIABILITY Yes No N/A

1. Limits Requested: \$300,000/\$300,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000
 \$1,000,000/\$2,000,000

2. Deductible Requested: \$250 \$500 \$750 \$1,000 \$1,500
 \$2,000 \$2,500 \$10,000 \$20,000

3. Do you have a liquor license(s)? **Yes** **No**

 Name on license: _____
 License number: _____

4. Do you allow BYOB?

5. Do you dispense or provide alcoholic beverages for off-premises events?

6. Indicate if any of the following drink specials are offered:

<input type="checkbox"/> Happy Hour	<input type="checkbox"/> Single night	<input type="checkbox"/> Drinking contests
<input type="checkbox"/> Other promotional events	<input type="checkbox"/> Athletic contests or events	<input type="checkbox"/> Ladies night
<input type="checkbox"/> Complimentary drinks	<input type="checkbox"/> 2 for 1 drinks	<input type="checkbox"/> Drinks over 24 oz.
<input type="checkbox"/> College night	<input type="checkbox"/> All you can drink	<input type="checkbox"/> Whole liquor bottle service or setup

Provide Details:

a. If other Promotional Events, describe: _____

b. Number of days per week: _____

HISTORY

	Yes	No
1. Have you or any of your companies ever filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
2. Were any operations sold, acquired, or discontinued in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does applicant have any other business ventures for which coverage is not requested?	<input type="checkbox"/>	<input type="checkbox"/>

If yes explain: _____

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 nonrenewed 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
Producer Signature		Date
Producer Name and Address		
