

RESTAURANT / BAR / TAVERN OR SIMILAR ESTABLISHMENT

SUPPLEMENTAL APPLICATION

WITH OPTIONAL LIQUOR LIABILITY

TO BE COMPLETED IN ADDITION TO ACORD APPLICATION OR ITS EQUIVALENT

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location Address: _____

1. Risk Classification – Provide detailed description of your business operations including target clientele:

* Bars, Taverns, Night Clubs or related risks clientele by age: 21-25 _____% 26-30 _____% 30-40 _____% over 40 _____%

2. Hours of Operation:

3. Total square foot area of premises..... _____

If there is a kitchen or food preparation area on premises, indicate square foot area:..... _____

Number of Cooking Units? Ranges _____ Ovens _____ Deep Fat Fryers _____ Broilers _____ Grills _____

Is all cooking performed under hoods?..... Yes No

Are all surfaces protected by a working fire suppression system (e.g., Ansul System)? Yes No

Is there a service agreement in place?..... Yes No

Is a service agreement in place for cleaning ventilation ducts?..... Yes No

Provide Service Schedule. _____

4. Is the building single story?..... Yes No

If no, provide complete details of the operation including number of stories, description of all life safety equipment, evacuation plans etc

5. Is there a dance floor? Yes No

If yes, indicate square foot area:..... _____

6. Is there a parking lot on premises?..... Yes No

Is parking area well lit? Yes No

Is parking area patrolled? Yes No

Do your employees provide escort to vehicles?..... Yes No

7. Do you offer valet parking? Yes No

If yes, are they your own employees, or do you contract for this service? Employee Contractor

If contracted, does the lessee provide evidence of insurance naming you as Additional Insured?..... Yes No

8. Is there a public lot or other parking lot adjacent to insured premises? Yes No

If yes, are you under contract or agreement to provide liability coverage? Yes No

9. Is on street parking available? Yes No

10. Estimated percentage of patrons who live in the neighborhood and walk in? ____%
11. Total occupancy rate:
12. Are firearms permitted on premises?..... Yes No
13. Are employees trained in evacuation plans in the event of an emergency? Yes No
14. Annual Gross Receipts (Declare all that apply)

	Policy Year Estimate	Last Year Actual
Food	\$	\$
Non-Alcoholic Beverage	\$	\$
Alcoholic Beverage	\$	\$
Package Beverage	\$	\$
Catering	\$	\$
Hall Rental	\$	\$
Other (describe):	\$	\$

15. Provide Staff Details by Job Description:

Job Description	Number	Number	Average # on Duty Any One Time	Alcohol Server Certified (TIPS Training)
Bartenders:	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bouncers:	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cashier:	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Host/Hostess:	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Managers:	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Servers	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. Do you sponsor any on or off-site special events contests or activities? (If yes, provide details)..... Yes No

17. Indicate all premises entertainment or amusement devices: (check all that apply)

<input type="checkbox"/> Bands (3 or more individuals)	<input type="checkbox"/> Bowling Lanes
<input type="checkbox"/> Burlesque/Nudity	<input type="checkbox"/> Electronic Video Games
<input type="checkbox"/> Piano Bar <input type="checkbox"/> Dinner Theater	<input type="checkbox"/> Gambling/Gaming
<input type="checkbox"/> Karaoke <input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Pool Table <input type="checkbox"/> Shuffleboard <input type="checkbox"/> Darts
<input type="checkbox"/> Open Mic <input type="checkbox"/> Standup Comedy <input type="checkbox"/> Talent Nite	<input type="checkbox"/> Mechanical Bull
<input type="checkbox"/> Juke Box	<input type="checkbox"/> Sports Courts <input type="checkbox"/> Basketball <input type="checkbox"/> Volleyball <input type="checkbox"/> Other

Provide complete description of "other" entertainment or devices not mentioned above:

18. Do you hold a liquor license? Yes No

If yes, Type of liquor license: _____

License Number: _____

Issue Date: _____

Are you the original owner of the license? Yes No

Any liens or encumbrances:..... Yes No

Have you been subject to any disciplinary action? (Include violation date, registered charge, and action)..... Yes No

Details: _____

19. Are any adjacent Cities, Towns, Counties or Villages considered dry? Yes No

If yes, provide the name(s) state the distance in miles:

20. Distance to nearest College or University miles
21. Do you offer "Happy Hour" Specials? Yes No
22. Attach detailed description of company policies and procedures in place to prevent sale of alcohol to minors.
23. Do you operate a Teen Club during non-peak hours? Yes No
24. Do you participate in local special events? (e.g., beer tent at local fair) Yes No

25. Select Limit of Liability for Liquor Liability (You may only select one option)

	Each Common Cause	Aggregate		Each Common Cause	Aggregate
<input type="checkbox"/>	\$ 100,000	\$ 200,000	<input type="checkbox"/>	\$ 500,000	\$ 1,000,000
<input type="checkbox"/>	\$ 300,000	\$ 300,000	<input type="checkbox"/>	\$ 1,000,000	\$ 1,000,000
<input type="checkbox"/>	\$ 300,000	\$ 600,000	<input type="checkbox"/>	\$ 1,000,000	\$ 2,000,000
<input type="checkbox"/>	\$ 500,000	\$ 500,000	<input type="checkbox"/>	Other: \$	\$

26. Optional Coverage – Assault and Battery (You may only select one option)

<input type="checkbox"/>	\$ 25,000 Each Common Cause	\$ 50,000 Aggregate
<input type="checkbox"/>	\$ 50,000 Each Common Cause	\$ 100,000 Aggregate
<input type="checkbox"/>	\$ 100,000 Each Common Cause	\$ 100,000 Aggregate
<input type="checkbox"/>	\$ 300,000 Each Common Cause	\$ 300,000 Aggregate
<input type="checkbox"/>	Other: \$	\$

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature

Date

Applicant's Signature

Date

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.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.