



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
	FAX (A/C, No.):				
POLICIES OR PROGRAM REQUESTED		POLICY NUMBER			
INDICATE SECTIONS ATTACHED		<input type="checkbox"/>	EQUIPMENT FLOATER	<input type="checkbox"/>	GARAGE AND DEALERS
<input type="checkbox"/>	PROPERTY	<input type="checkbox"/>	INSTALLATION/BUILDERS RISK	<input type="checkbox"/>	VEHICLE SCHEDULE
<input type="checkbox"/>	GLASS AND SIGN	<input type="checkbox"/>	ELECTRONIC DATA PROC	<input type="checkbox"/>	BOILER & MACHINERY
<input type="checkbox"/>	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	WORKERS COMPENSATION
<input type="checkbox"/>	CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/>	BUSINESS AUTO	<input type="checkbox"/>	UMBRELLA
<input type="checkbox"/>	TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/>	TRUCKERS/MOTOR CARRIER	<input type="checkbox"/>	
CODE:	SUB CODE:				
AGENCY CUSTOMER ID:					

STATUS OF TRANSACTION			PACKAGE POLICY INFORMATION			
<input type="checkbox"/>	QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.
<input type="checkbox"/>	BOUND (Give Date and/or Attach Copy):					
<input type="checkbox"/>	CHANGE	DATE	TIME	<input type="checkbox"/>	AM	PROPOSED EFF DATE
<input type="checkbox"/>	CANCEL			<input type="checkbox"/>	PM	PROPOSED EXP DATE
				<input type="checkbox"/>	DIRECT BILL	BILLING PLAN
				<input type="checkbox"/>	AGENCY BILL	BILLING PLAN
						PAYMENT PLAN
						AUDIT

APPLICANT INFORMATION					
NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Insured):		MAILING ADDRESS INCL ZIP+4 (of First Named Insured)	
		PHONE (A/C, No, Ext):			
E-MAIL ADDRESS(ES):		WEBSITE ADDRESS(ES):			
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	LLC NO. OF MEMBERS AND MANAGERS
INSPECTION CONTACT			PHONE (A/C, No, Ext):	ACCOUNTING RECORDS CONTACT	PHONE (A/C, No, Ext):
				CR BUREAU NAME	ID NUMBER
					DATE BUS STARTED

PREMISES INFORMATION									
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4			CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	PART OCCUPIED
					<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
					<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
					<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
					<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

GENERAL INFORMATION					
EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
4. ANY CATASTROPHE EXPOSURE?			11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?					
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)					

REMARKS/PROCESSING INSTRUCTIONS			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)			
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOBILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSED
						OPEN
						CLOSED

REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	ATTACHMENTS
	STATE SUPPLEMENT(S) (If applicable)	

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ACORD™ PROPERTY SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT (First Named Insured)	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
CODE:	SUB CODE:	FOR COMPANY USE ONLY					
AGENCY CUSTOMER ID:							

PREMISES INFORMATION	PREMISES #:	STREET ADDRESS:					
	BUILDING #:	BLDG DESCRIPTION:					

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE	BUSINESS INCOME W/O EXTRA EXPENSE	EXTRA EXPENSE
TYPE OF BUSINESS <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$ _____	POWER/HEAT \$ _____ DED ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS	EXT PERIOD _____ DAYS TUITION FEES \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW) DEPEND PROP _____ % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

EXTRA EXPENSE _____ DAYS PERIOD REST

LIMIT LOSS PAY _____% _____% _____% _____%

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA			
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> OTHER:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	BLDG CODE GRADE TAX CODE ROOF TYPE	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER	OTHER OCCUPANCIES HEATING BOILER ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE					
BURGLAR ALARM TYPE			CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY						# GUARDS/WATCHMEN		CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION	LOCAL GONG		

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	ITEM DESCRIPTION:	LOCATION: _____ BUILDING: _____		
		SCHEDULED ITEM NUMBER: _____		
		OTHER: _____		

VALUE REPORTING INFORMATION

REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE				

**ADDITIONAL
PREMISES INFORMATION**

PREMISES #:		STREET ADDRESS:						
BUILDING #:		BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE			BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE					
TYPE OF BUSINESS <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS		ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$ _____		POWER/HEAT \$ _____ DED ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS		EXT PERIOD _____ DAYS MO PERIOD _____ LIMIT MAX PERIOD _____ DAYS		TUITION FEES \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC		OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)		DEPEND PROP _____ % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP								EXTRA EXPENSE _____ DAYS PERIOD REST LIMIT LOSS PAY _____% _____% _____% _____%					

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE		DISTANCE TO HYDRANT FT MI		FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA	
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____				BLDG CODE GRADE _____		TAX CODE _____		ROOF TYPE _____		OTHER OCCUPANCIES HEATING BOILER ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE					
BURGLAR ALARM TYPE			CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY							# GUARDS/WATCHMEN		CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)					% SPRNK	FIRE ALARM MANUFACTURER					CENTRAL STATION LOCAL GONG

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST	ITEM DESCRIPTION:			LOCATION:
<input type="checkbox"/> LOSS PAYEE				BUILDING:
<input type="checkbox"/> MORT-GAGEE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/> OTHER:				OTHER:

REMARKS

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RESTAURANT APPLICATION

APPLICANT INFORMATION

BUSINESS NAME:	YRS IN BUSINESS AS:
PROPRIETOR NAME (S):	YRS EXPERIENCE::
MAILING ADDRESS:	WEBSITE:
CLASSIFICATION (Circle one): 1.FINE DINING 2.FAMILY RESTAURANT 3.FAST FOOD 4.BAR/TAVERN 5.NIGHTCLUB	POLICY TERM: EFF. _____ EXP. _____

LOCATIONS TO BE INSURED

LOC.	STREET, CITY, STATE, ZIP CODE	TOTAL AREA	% OCCUPIED	OTHER OCCUPANTS

DETAILS OF OPERATION

HOURS OF OPERATION-	
Weekend:	Midweek:
SEATING CAPACITY-	
Dining Area:	Lounge/ Bar:
STAFF-	
Waitpersons:	Bartenders: Kitchen:
AVERAGE MEAL PRICE-	
Lunch:	Dinner:
AVERAGE AGE OF CLIENTELE	
Under 30	30 - 50 YRS OVER 50

CURRENT CARRIER INFORMATION

	PROPERTY	GENERAL LIABILITY	LIQUOR LIABILITY	UMBRELLA
CARRIER				
TIV / LIMIT				
DEDUCTIBLE				
PREMIUM				

LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS <input type="checkbox"/>						
CHECK HERE IF NONE <input type="checkbox"/> SEE ATTACHED LOSS SUMMARY						
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	OPEN/ CLOSED

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Producer Code: _____ Date: _____

RESTAURANT APPLICATION

*Signing this application does not bind the applicant or the company to complete the insurance.

PROPERTY INFORMATION

	LOCATION 1	LOCATION 2	LOCATION 3
BUILDING LIMIT			
BUSINESS PERS. PROPERTY			
BUSINESS INCOME			
SPOILAGE			
OTHER: _____			

CONSTRUCTION			
YEAR BUILT			
FIRE PROTECTION			
BURGLARY PROTECTION			
UPDATES			

ADDITIONAL INFORMATION

		YES	NO
1.	Do automatic extinguishing systems protect all hoods, ducts and deep fat fryers?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are extinguishing systems inspected on a regular basis? If yes, how often:	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are the ducts and hoods cleaned regularly by an outside contractor? If yes, provide the name of the contractor and frequency of service:	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are manually operated fire extinguishers located near flammable areas? If yes, when were they most recently tagged:	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is the building located within 1,000 feet of bay, sea or gulf coast ?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the applicant provide live entertainment If yes, are pyrotechnics or flammables used in any entertainment acts:	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is the roof in good condition and free of any known leaks? If yes, when was the roof last replaced:	<input type="checkbox"/>	<input type="checkbox"/>
8.	What is the distance to the nearest fire department?		
9.	Type of fire department?		
10.	What is the distance to the nearest hydrant or water supply?		
11.	Is smoking permitted on the premises? If yes, is it confined to designated areas:		

RESTAURANT APPLICATION

GENERAL LIABILITY INFORMATION

	FOOD	LIQUOR	CATERING	ENTERTAINMENT	TOTAL
LOC #1					
LOC #2					
LOC #3					

If there are Catering receipts, what percentage is associated with cash or open bars: _____

If there are Entertainment receipts, what percentage is associated with:

Video Games: _____ Pool/Game Tables: _____

Cover Charge: _____ Special Events: _____

If any Special Events, please describe: _____

Is there a dance floor on the premises? YES NO If yes please provide square footage _____

Does your Liquor Liability carrier provide Assault & Battery coverage?

Have there ever been any Assault & Battery incidents reported in the past five years? YES NO

If yes please describe: _____

Is there a Playground or similar recreational activities at the insured premises? YES NO

If yes, please describe: _____

Any Sports teams sponsored? YES NO

If yes, please describe: _____

Please describe the applicants procedures for preventing serving alcohol to minors: _____

Please describe the procedures in place to address intoxicated patrons: _____

Is there more than one means of egress from the premises? YES NO

Are the means of egress clearly marked and kept unlocked during business hours? YES NO