

Agent Name _____
 and Address _____

 Phone _____ Fax _____

Bar / Restaurant / Tavern Application

General Information

 Proposed Effective Date _____
 Applicant Name (Legal) _____ Applicant Name (DBA) _____
 Mailing Address _____ City _____ State _____ Zip _____
 Location Address _____ City _____ State _____ Zip _____
 Email Address _____ Web Address _____ Phone _____
 Inspection Contact _____ Phone _____
 Entity Type: Sole Proprietorship Partnership Corporation Other, Describe: _____

 Number of years experience _____
 Number of years the business has been in this location _____
 Number of years the applicant has owned this business _____ Check if New Venture
 Have you ever owned another business under a different name or entity? Yes No
 If yes, please explain: _____
 Do you own any other businesses or have any other locations? Yes No
 If yes, please explain: _____
 Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? Yes No (n/a in MO)
 If yes, please explain: _____

Type (mark all that apply)

 Bar/Tavern Family Style Nightclub Franchised
 Fine Dining Banquet Facility Buffet Membership Club

Clientele Origins (mark all that apply)

 Local Residents Business Tourists College students Families

Clientele Age Groups (mark all that apply)

 18-25 25-35 35-50 Over 50

Hours of Operation

 Monday - Thursday: _____ Friday: _____ Saturday: _____ Sunday: _____

Loss Information (enter all claims regardless of fault and whether or not insured or occurrences that may give rise to claims for prior 5 yrs.)

 Check here if None

Date of Loss	Date of Claim	Line	Description	Paid	Reserved	Status
						<input type="radio"/> Open
						<input type="radio"/> Closed
						<input type="radio"/> Open
						<input type="radio"/> Closed

Previous Insurer Information Please complete the following table with the previous insurer information. If none, indicate "none".

Policy Period		General Liability	Liquor Liability	Property
	Company			
	Limits			
	Premium			
	Company			
	Limits			
	Premium			
	Company			
	Limits			
	Premium			

Premises Information

Year Building Built _____ Number of Stories _____ Protection Class _____ Construction Type _____

Premises Area (sq. ft.) _____ Parking Lot Area (sq. ft.) _____

If building is over 20 years old, give year of updates for the following:

Electrical _____ Heating _____ Plumbing _____ Roof _____

Floor covering of areas open to public: Wood Linoleum Tile Carpet Other: _____

Surface of parking lot: Gravel Asphalt Concrete No parking Other: _____

Is there an operational alarm system on premises? Yes No Is it central station? Yes No

Is the building protected by a sprinkler system? Yes No

Does the premises have all exits marked? Yes No

Are all exit signs lit? Yes No

Are all exit signs equipped with panic hardware? Yes No

If "no", are all exits kept unlocked during business hours? Yes No

Are fire extinguishers present? Yes No Date they were last inspected _____

Are there any other occupancies in the building? Yes No

If yes, describe (i.e. number of apartment units, sq. ft. of lessors risk, etc) _____

Distance from nearest: 1) Responding fire station (miles): _____ 2) Fire hydrant (feet): _____

Additional Insureds / Loss Payee / Mortgage Information:

List any additional interests:

Add'l Insured LP Mortg.
 Add'l Insured LP Mortg.
 Add'l Insured LP Mortg.

Entertainment

Is there a dance floor? Yes No Number of times per week _____ Square Feet _____

Are there any amusement devices (pool tables, arcade machines, mechanical bulls)? Yes No
 If yes, please describe all _____

Does management ever allow the use of any type of pyrotechnics? Yes No
 If yes, how often _____

Is there any live entertainment on premises (dancers, topless, live bands, DJ)? Yes No
 If yes, number of times per week _____ If yes, please describe all _____

Are there any sports or competitions held on premises? Yes No
 If yes, please describe all _____

Are there any sports or competitions sponsored off premises? Yes No
 If yes, please describe all _____

Other types of entertainment: _____

Employees

Number of bouncers _____ Are the bounces armed? Yes No

No of managers _____

No of bartenders _____ Bartenders require formal training (e.g. TIPS)? Yes No

No of waiters/waitresses _____

Written procedures for unruly patrons? Yes No
 If yes, please describe all _____

Cooking Hazards

Does the Applicant prepare any food? Yes No If Yes, describe: _____

Are hoods and ducts equipped with filters? Yes No How often are the filters cleaned? _____

How often are the hoods and ducts cleaned? _____

Do cooking areas have automatic extinguishing systems overhead? Yes No Type: _____

How often are the extinguishing systems serviced? _____

Are there automatic gas or electric shut offs for cooking with manual pull? Yes No

Are portable fire extinguishers mounted and accessible to cooking areas? Yes No

Financial Information

Year	Food Sales	Liquor Sales	Other Sales - Describe
Next 12 Months			
Prior Year			
Prior Year			
Prior Year			

Name of person to contact for financial records: _____ Phone _____

Coverages Requested

General Liability

Limits

General Aggregate _____
 Products & Compl Ops. Aggregate _____
 Personal & Advertising Injury _____
 Each Occurrence _____
 Fire Damage (any one fire) _____
 Medical Expense (any one person) _____
 Deductible _____

Limits

Liquor Liability

Liquor License No _____

Property

Building	_____	Coinsurance % _____	Deductible _____
Contents	_____	Coinsurance % _____	Deductible _____
Business Income	_____	Monthly Llimit _____	
Signs	_____	Coinsurance % _____	Deductible _____
Crime	_____	Deductible _____	
Other:	_____	Deductible _____	

Valuation Method RC ACV

Perils Requested: (special form is only available with an operational central station alarm system) Basic Broad Special

If appropriate, under separate cover provide any additional information that may help assist in placement of this account. Target pricing, history on unusual losses and positive or negative elements not addressed

FRAUD NOTICE

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.

STATE SPECIFIC PROVISION

Ohio Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania 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.

West Virginia 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.

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

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant _____
 Signature _____
 Date _____

Producer _____
 Signature _____
 Date _____