



RESTAURANT, BAR AND NIGHTCLUB SUPPLEMENTAL APPLICATION

Basic Submission Requirements (There may be additional information required based on information provided)

- Fully completed Acord application (Sections 125 & 126)
- Fully completed Entertainment Risk Bar & Nightclub Supplemental Application for each location
- 4 years of carrier issued, currently valued within the last 90 days of loss data for all requested Named Insured (Complete detailed discretion must be provided for all claims with incurred amount over \$10,000)

SECTION 1 – ACCOUNT INFORMATION

Applicant Name: _____

dba: _____

Location Address: _____

Mailing Address: _____

List Names of all owners, partner, members that own at least 25% of the applicant and their % of ownership

Name	%	Name	%

Inspection Contact (*Must be an owner, officer or manager*) _____ Title _____

Inspection Contact email _____ Inspection contact phone _____

How many years' experience does the controlling Owner or General Manager have with the same type of operation: _____

Has the applicant or any owners, partners, or members that own at least 25% of the applicant filed for bankruptcy in the last 5 years. - _____

Are there any other entities requested to be listed as a Name Insured: - _____

SECTION 2 – PRIOR CARRIER

Current Carrier _____ Current Premium (include taxes & fees) _____

Has the applicant had a lapse in General Liability and/or Liquor Liability coverage during the previous 3 years. - _____

If Yes, provide the date of all lapses and a detailed explanation for each:

Has the applicants' General Liability and/or Liquor Liability coverage been cancelled during the previous 3 years

If Yes, provide the date of all cancellations and a detailed explanation for each:

SECTION 3 – OPERATIONAL INFORMATION

3.1 Physical Location

Are you a tenant or the owner of the location: - _____

Leased or owned square footage of location _____ Maximum Capacity of location: _____

Has the applicant ever been cited for building code violations: - _____

If Yes, provide a detailed explanation:

Is the location currently under or are there any plans for construction or renovations. -

If Yes, provide a detailed explanation:

Does the location have any of the following exposures. (Check all that apply and answer questions accordingly)

Elevator or Escalator: -

If Yes, is the Elevator or Escalator maintained by an outside vendor: -

How frequently is it inspected by an outside vendor for maintenance and safety issue: _____

Kitchen: -

If Yes, are all cooking devices installed with a minimum of 18" safe clearances to combustible surfaces: -

Does UL 300 listed auto fire extinguishing system provide surface protection for all cooking surfaces: -

Are all gas equipment and deep fat fryers equipped with automatic fuel shut off: -

Are all hoods and ducts cleaned every 6 months by a contractor under an agreement: -

Are automatic fire extinguishing systems serviced no less than every 6 months: -

Does the insured sub-lease any or all kitchen services to another entity: -

Parking Lot: -

If Yes, provide the square footage: _____

Is there lighting: -

Does the insured charge a fee for parking: - If Yes, provide Annual Gross Sales: \$ _____

Will the insured hold special events or other functions in the parking lot: -

(If interested in coverage for special events or other functions in the parking lot, complete a Special Event Supplemental Application)

Are there any Piers, Bulkheads or Docks on your premises or neighboring premises: -

If Yes, number of slips: _____ Do you lease slips: -

Are you or any entity you are requesting insurance for responsible for the ownership, maintenance or use of the Piers, Bulkheads or Docks: -

3.2 Video Surveillance

Do you have a Video Surveillance System? -

If Yes, describe the camera coverage in detail: (ie: registers only, all public areas, 100% of venue excluding bathrooms, etc)

How many cameras are in the facility: _____ What is the age of the system: _____

What is the camera resolution: _____ What is the storage medium: _____

How long is video stored for: _____ How frequently do you back up video: _____

How many employees have access to and the ability to preserve video: _____

How frequently is the system inspected to make sure all cameras are functioning: _____

Are non-functioning cameras repaired or replaced within 24 hours: _____

3.3 General Questions

Hours of Operation (Include the latest hour the premises may be open for alcohol service):

M: _____; Tu: _____; W: _____; Th: _____; F: _____; Sa: _____; Su: _____

Do you scan IDs: -

If Yes, does the scanner have an 86 option: -

How long does the ID scanner retain information: _____

Provide the supplier of you POS system: _____ How old is the POS system: _____
 How often do you back up the data: _____ How long are backups retained: _____
 How long does the system retain transaction data: _____

Will the applicant be closed for business for a period greater than 21 consecutive days: _____
 If Yes, provide the dates and a detailed explanation: _____

Has the applicant been cited for health code violations in the past 3 years: _____
 If Yes, please explain: _____

Does the applicant have an employee handbook: _____

Is the applicant involved in any special events or other activities away from the location: _____
(if interested in coverage for special events or other functions, complete a Special Event Supplemental Application)

Does the applicant provide off-premises catering services: _____

Does the applicant rent or lease the venue for private parties: _____

Does the or will the applicant allow tattooing on the premises: _____

3.4 Gross Sales

Food: _____	Banquet or Catering Receipts: _____
Liquor sold on premises for consumption: _____	Liquor sold off premises for consumption: _____
Cover Charges: _____	Ticket Sales: _____
Dancer Fees (Revenue to Insured): _____	Video Games: _____
Bowling Lanes: _____	Pool or Billiards: _____
Gambling: _____	Other: _____
Gross Sales: _____	Percentage of Sales that are Cash: _____ %

3.5 Entertainment

Describe the type of entertainment & times per week or month *(Check all that apply and indicate weekly or monthly)*

Comedy Acts: _____	Boxing/Mixed Martial Arts/Fighting Events: _____
Piano/Guitar Player/Acoustic – Solo/Duet: _____	DJ's: _____
Exotic Dancers: _____	Go-Go Dancers: _____

Does the applicant have any of the following stunt activities on premises: *(check all that apply)*
 Aerialists: _____ Acrobats: _____ Sword Swallowing: _____ Zip Lines: _____
 Flame Jugglers/Throwers/Eaters: _____ Other: _____

Does the applicant have live music performances: _____
 If Yes, describe genre of music and frequency _____

Local Acts: _____	Regional Acts: _____
National Acts: _____	

Do you permit or allow dancing: _____ Do you allow stage diving or mosh pits: _____
 Do you permit or allow dancing on elevated platforms, stages, tables or bar tops: _____

Will the applicant have any of the following: *(check all that apply and provide quantity)*

Pool Table: _____ Total: _____	Bowling Lanes: _____ Total: _____
Dunk Tank: _____ Total: _____	Trampolines: _____ Total: _____
Inflatable Devices: _____ Total: _____	Climbing Walls: _____ Total: _____
Mechanical Bull/Similar Device: _____ Total: _____	Children's Playground Equipment: _____ Total: _____
Other: _____	

Does the applicant have a swimming pool, sauna or hot tub on premises: _____
 If Yes, is the swimming pool, sauna or hot tub operated in compliance with all regulatory laws and guidelines: _____
 Will the applicant allow, permit or hold pyrotechnic displays on premises: _____

3.6 Liquor

Does the applicant have a valid liquor license: _____ License Number: _____

Provide name as it appear on liquor license: _____

Has the applicant previously been cited for liquor violations: _____

If Yes, provide detailed explanation:

Has the applicant or any owner, partner or member had a liquor license suspended or revoked: _____

If Yes, provide detailed explanation:

Does the applicant manufacturer alcohol on premises: _____

If Yes, is it for sale on premises only: _____

Does the applicant require all alcohol servers to have a valid certificate from an accredited or recognized alcohol awareness training program: _____

Does the applicant allow employees or contractors to consume alcohol after their employment or working shifts: _____

Does the applicant allow employees or contractors to consume alcohol during their working shifts: _____

Does the applicant have bottle service or the sale of whole bottles of hard liquor to a table: _____

Does the applicant allow or permit BYOB on premises: _____

Does the applicant offer flaming or ignited drinks: _____

Does the applicant serve drinks including liquid nitrogen: _____

Does the applicant allow or sponsor drinking Olympics or any form of drinking games: _____

Does the applicant allow or sponsor the use of equipment to entice patrons to drink faster; such as beer bongs or funnels: _____

3.7 Promotions

Does the applicant allow patrons under the age of 21: _____

Does the applicant allow patrons under the age of 18: _____

What steps are taken by the insured to remove any underage patrons from the premises after 9:00 pm or a certain time: *(if the establishment is 21 and over at all time, skip this question)*:

Does the applicant use wristbands with all patrons over the age of 21 when allowing patrons over 18 on premises: _____

If No, provide detailed explanation of procedures:

Does the applicant allow patrons under the age of 18 or allow and/or sponsor teen nights or events targeted to patrons under the age of 18: _____

Does the applicant use guest bartenders: _____ Does the applicant hold/allow foam parties on premises: _____

Does the applicant hold champagne or alcohol war events: _____

Does the applicant offer "all you can drink" or open bar specials: _____

Does the applicant offer any drink prices reduced to less than \$1.00: _____

Does the applicant offer a happy hour: _____
 If Yes, is the happy hour in accordance with all governmental regulation guidelines: _____

3.8 Security

Does the applicant allow anyone on premises with a firearm other than law enforcement: _____
 Does the applicant have security, bouncers, door people or ID checkers on premises: _____
 Does the applicant allow security, bouncers, door people or ID checkers to carry any form of weapon, including but not limited to;
 Firearms, Knives, Mace, Pepper Spray, Stun Guns, Tazers, Monkey Fists, Brass Knuckles, Kubotans or Batons: _____
 If Yes, provide detailed explanations:

Average Number of security, bouncers, door people or ID checkers working per night:
 M: _____; Tu: _____; W: _____; Th: _____; F: _____; Sa: _____; Su: _____
 Does the applicant engage police officers to be on premises: _____
 Maximum number of security, bouncers, door people or ID checkers on any given night: _____
 Are security, bouncers, door people or ID checkers: Employees Contractors or Both
 If Employees or Both;
 Does the applicant perform background checks on all security, bouncers, door people or ID checkers: _____
 Does the applicant employee security, bouncers, door people or ID checkers with prior convictions for assault and or battery - _____
 If Contractors or Both;
 Does the applicant have a written agreement with the security contractor: _____
 Does the contractor provide a certificate of insurance evidencing equal General Liability limits and listing the applicant entities
 and their landlord entities as additional insured: _____

3.9 Loss History / Claims Information

Has the applicant had any prior General Liability claims within the last five (5) years? _____
 If yes, how many:
 Has the applicant had any prior Liquor Liability claims within the last five (5) years? _____
 If yes, how many:
 Has the applicant had any prior Assault and Battery claims in the past five (5) years? _____
 If yes, how many:

SECTION 4 - OTHER COVERAGE

4.1 Hired and Non-Owned Auto Coverage
 Does the applicant provide delivery service: _____ Does the applicant offer valet parking services: _____
 Does the applicant have any owned autos: _____ If yes, are they contracted or internally employed
 Does the applicant use a 3rd party contractor for valet services: _____ valet services? _____
 Number of Employees: _____

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.

NOTICE TO ARIZONA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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

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

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HERE OF.

I understand that by signing below, I am agreeing that: all statements on this application are complete and true to the best of my knowledge; no information has been suppressed or withheld; the information herein and the truthfulness thereof will be the basis of any insurance provided by the company.

The information provided by you or your representatives in all applications, submissions, or otherwise during the underwriting process concerning the nature of the operation of your business is material to the process of underwriting, pricing, and the offer of any policy. If a policy is offered it is being offered subject to the accuracy of the information we have received related to the nature of your business operations as well as any representations or warranties made by you or on your behalf. This application will be made a part of any policy offered.

This application does not bind the company to provide any insurance, nor is the applicant bound to accept any offer of insurance if one is made.

Applicant Name: _____

Signed By: _____

(Please type or print name and title)

Signature: _____ Date: _____

(Must be signed and dated by Principal or Officer of Applicant)