

Adult Club/Nightclub Supplemental Questionnaire (Complete in addition to ACORD Application)

Named Insured:	Account Website:
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1. GENERAL INFORMATION:

- Number of years with: Restaurant/tavern management/ownership experience: _____
- Number of years at this location under current ownership: _____
- Business Hours _____ to _____ Days of Operation: _____
- a. Location is: Adult Club Nightclub Other (describe): _____
- b. Bouncers/Security? Yes No Days Per Week _____ If yes, are armed? Yes No
- If bouncers/security are used, are they ever off duty police officers? Yes No
- If yes, do they have a moonlighting clause? Yes No
- Are security guards employees or independent contractors?
- If independent contractors, do they carry liability insurance and provide certificates? Yes No
- c. Do you have any weapons on the premises? Yes No
- If "yes", please explain: _____
- d. Describe protocol for dealing with unruly patrons: _____
- e. Percent of clientele age: Under 21 ___%; 21 – 25 ___%; 26 – 30 ___%; 31 – 40 ___%; Over 40 ___%;
- f. Do you have any teen or under 21 nights? Yes No
- g. Do you have any of the following? Athletic Contests or Events Comedy Shows
 Disc Jockey Live Music/Entertainment Mechanical Rides
 Pool Tables Nude Dancers or Nude Revues
- If you checked any of above boxes, explain in detail (be specific about type of music provided, etc.): _____
- h. How many amusement devices do you have (i.e. pinball machine, dart boards, video games, etc.)? _____
- i. Do you have a dance floor? Yes No
 If "yes", it is elevated? Yes No
- j. Any special events? Yes No
 If so, what type and how often? _____
- k. Does the applicant have or allow mosh/moshing pit, stage diving or crowd surfing? Yes No
- l. Does management ever allow the use of any type of pyrotechnics (i.e. lighting bar on fire, use of fireworks, etc.)?
 Yes No
- m. Does the applicant allow any type of bar top dancing or tabletop dancing? Yes No
 Does this bar top or tabletop dancing ever involve patrons/customer participation? Yes No
 If yes, please explain: _____

2. FILL IN FINANCIAL INFORMATION FOR THE PAST THREE YEARS AS REQUESTED BELOW:

a. Fiscal Dates (month & year)	_____	_____	_____
b. Beer, Wine & Liquor Sales	\$ _____	\$ _____	\$ _____
c. Food Sales	\$ _____	\$ _____	\$ _____
d. Total	\$ _____	\$ _____	\$ _____
e. Cover Charge	\$ _____	\$ _____	\$ _____
e. Fees charged to dancers	\$ _____	\$ _____	\$ _____

3. PROPERTY COVERAGE INFORMATION If property coverage is not desired, check here:

- a. Are written closing procedures in place assigning responsibility for the turning off of all cooking equipment and the proper disposal of trash and soiled linens? Yes No
- b. Type of wiring: Copper Aluminum
- c. Circuit Breakers Fuses Knob & Tube

4. COOKING HAZARD INFORMATION

List All Cooking Devices:

Type	Number	Type	Number	Type	Number
Broaster		Broiler		Charcoal Grill	
Grill		Oven		Range	
Microwave		Pizza Oven		Fryer	
Smoker		Table Side Cooking		BBQ Pit	

- a. Is solid fuel used with any cooking devices? (excluding wood or charcoal) Yes No
If yes, please explain _____
- b. Automatic extinguishing system covers all cooking surfaces? Yes No Wet Dry UL-300

System Name: _____

Maintenance Contract Schedule (# of months): _____

Maintenance Contractor: _____

- c. Automatic gas or electric shut offs for cooking equipment? _____ Yes No
- d. BC or K extinguishers available in kitchen? _____ Yes No
- e. Is all cooking equipment free from grease accumulation? Yes No
- f. Hoods and ducts over all cooking surfaces? Yes No

Maintenance contract schedule. (# of months) _____

Maintenance contractor: _____

Hoods and filters cleaned weekly by staff? Yes No

Type of filters in exhaust hood: Baffle Mesh None

5. GENERAL LIABILITY INFORMATION If General Liability coverage is not desired, check here:

- a. Number of employees: Managers: _____ Bartenders: _____ Waiter/Waitresses: _____ Security/Bouncers: _____
Dancers: _____
- b. Is applicant responsible for care/maintenance of parking lot? Yes No
- c. What is the building's legal capacity as established by fire marshal or fire department? _____ Persons.
- d. Number of exits: _____ Are all exits marked with exit signs? Yes No
- e. Are all exits equipped with panic door hardware? Yes No
If "No", are all exits kept unlocked during business hours? Yes No
- f. Are changes in elevation (i.e. stairs, ramps, etc.) properly marked and lighted? Yes No
- g. Has the applicant ever had an assault and battery claim? Yes No
If "Yes" please give details: _____
- h. Does the applicant have "No Firearms Allowed" signs posted in their establishment? Yes No
- i. Does the applicant provide valet parking? Yes No
If "Yes", by employees or service? Employees Service
- j. Does the applicant have any off-premises events? Yes No
If "Yes", is any liquor served off- premises or at catered events? Yes No
% of receipts from off premises events? _____

6. LIQUOR LIABILITY INFORMATION If liquor liability coverage is not desired, check here:

- a. Name on liquor license: _____
- b. Type of liquor license: _____
- c. % of customers that depart by vehicle? _____
- d. Do you advertise or provide any of the following?
 Free Alcoholic Drinks Open Bars Bottle Service All you can drink specials
 Other? _____
- e. Is last call announced? Yes No
- f. Are customers allowed more than one drink at last call? Yes No
- g. Do you stay open later than other establishments in your area? Yes No
- h. What time do you stop serving liquor? _____
- i. Are premises located near a college or university (less than 2 miles away)? Yes No
- j. Do you permit BYOB? Yes No

k. Have you ever been assessed a fine for violation of a law concerning the sale of alcohol? Yes No
 If yes, explain _____

l. Have you or this establishment ever had its alcohol beverage license suspended or revoked? Yes No
 If yes, explain _____

m. Do you offer a taxi or other transportation service to apparently intoxicated persons? Yes No
 If yes, explain: _____

n. Does this establishment have a server alcohol awareness training program? Yes No
 If yes, complete the following:

i. Are all servers trained within sixty (60) days of employment? Yes No

ii. Do you provide written policies and procedures to employees regarding service to minors and intoxicated persons? Yes No

iii. Name of server training program: _____

iv. How often is the awareness program required? _____

v. How often does the manager review liquor liability laws with employees (including penalties for serving intoxicated customers)? _____

o. Prior Insurance/Loss History:

Show liquor liability insurer(s) for past three (3) years:

Year	Insurance Company	Limits	Policy Number

Have you had any liquor liability claims (insured or uninsured) in the past three (3) years? Yes No

If yes, list them below:

Year	Description of Loss	Amount Paid or Reserved

p. Do you have knowledge of any injury or accident which might have been caused by the serving of alcoholic beverages from your establishment which occurred after the requested effective date and prior to the completion of this application?
 Yes No If yes, explain in detail including name of injured party and date of incident:

q. Limit Included within GL Limits; or Separate dedicated limit

r. Requested limits (in thousands) _____

If coverage is provided, it will contain special exclusion (above and beyond normal policy exclusions) including, but not necessarily limited to, the following:

- a. Assault and Battery
- b. Liquor Liability

FRAUD WARNING AND SIGNATURE

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. The Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials (this Application), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA. Insurance benefits may also be denied in LA, ME, TN, and VA).

In the District of Columbia, Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In 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.

In Massachusetts, Nebraska, Oregon and Vermont, 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In Washington, 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.

Completion of this application does not bind coverage or commit the company to policy issuance.

Signature of Applicant:			
Title of Applicant (Officer/Partner):		Date	