

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.
 - 3 years of carrier issued, currently valued within the last 60 days of loss data for all requested Named Insured.
- (Complete detailed description must be provided for all claims with incurred amount over \$10,000.)

Section 1- Account Information

Applicant Name: _____ DBA: _____

Location Address: _____

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

Name	%	Name	%	Name	%	Name	%

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

Inspection Contact Email: _____ Inspection Contact Phone: _____

Does the applicant have a controlling owner or General Manager with at least 3 years of ownership or management experience 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 Named Insured?

Section 2- Prior Carrier/Loss History Information

Current Year Carrier: _____ Current Year Carrier Premium (including taxes and fees): _____

Has the applicant had any prior General Liability claims within the last 5 years?

If yes, how many: _____

Has the applicant had any prior Liquor Liability claims in the last 5 years?

If yes, how many: _____

Has the applicant had any prior assault and battery claims in the past 5 years?

If yes, how many: _____

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 applicant's General Liability and/or Liquor Liability coverage 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

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 renovation?

If yes, provide a detailed explanation: _____

Is the location within 5 miles of a college or university?

Is the location within 1 mile of a stadium or professional ball field?

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

- Interior or exterior stairs? Elevated platforms or stages? Escalators or elevators?
- Balconies or rooftops? Multiple Number of Exits Athletic Field or Courts
- Kitchen?

- a. Are all cooking devices installed with a minimum of 18" safe clearances to combustible surfaces?
- b. UL 300 listed auto fire extinguishing system provides surface protection for all cooking surfaces?
- c. Are all gas equipment and deep fat fryers equipped with automatic fuel shut off?
- d. All hoods and ducts cleaned every 6 months by a contractor under an agreement?
- e. Are automatic fire extinguishing systems serviced no less than every 6 months?
- f. Does the insured sub-lease any or all kitchen services to another entity?

- Parking lot?
 - a) Is there lighting?
 - b) Does the insured charge a fee for parking?
 - c) Provide square footage: _____
 - d) Will the insured hold special events or other functions in the parking lot?

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

- Piers, Bulkheads or Docks?
 - a. # of slips: _____
 - b. Do you lease slips?

Any Other Structures or Exposures
Provide detailed explanation: _____

3.2 General Operations

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

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

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 ever been cited for health code violations in the past 3 years?

If yes, please explain: _____

Does applicant have an employee handbook?

Will the applicant be involved in any special events or other activities away from the location?

(If interested in coverage for special events or other functions in the parking lot, please 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?

Will the applicant ever allow tattooing on premises?

3.3 Gross Sales

Food: _____

Banquet or Catering Receipts: _____

Liquor Sold For On Premises Consumption: _____

Liquor Sold For Off Premises Consumption: _____

Cover Charges: _____

Ticket Sales: _____

Dancer Fees (Revenue to Insured): _____
 Bowling Lanes: _____
 Gambling: _____
 Gross Sales: _____

Video Games: _____
 Pool or Billiards: _____
 Other: _____

3.4 Entertainment

Describe the type of entertainment & times per week or month (*Check all that apply and indicate w or m in the space provided*):

Jukebox: _____ Satellite Radio or other similar: _____ Comedy Acts: _____ Exotic Dancers: _____ Karaoke: _____
 Boxing/Mixed Martial Arts/Fighting Events: _____ Piano/Guitar Player/Acoustic Solo/Duet: _____ Go-Go Dancers: _____
 Live Music: _____ Live Bands: _____ DJ's: _____
 Local Acts: _____ Regional Acts: _____ National Acts: _____

Music Genres for Live Concerts (check all that may occur during our policy period)

Rap & Hip Hop Go-Go Electronic/Dance Metal Salsa/Latino Reggae/Dance Hall
 Rock R&B/Soul Pop Jazz Country/Blues Gospel Alternative

Do you permit or allow dancing? Do you permit or allow dancing on elevated platforms, stages, tables or bar tops?

Do you allow stage diving or mosh pits?

Will the applicant have any of the following devices and provide quantity? (*Check all that apply*)

Bar Top Video Games: _____ Arcade Games: _____ Horseshoes/Cornhole or Similar: _____
 Slot Machines/Gambling Devices: _____ Pool Table: _____ Dart Boards: _____
 Shuffleboard: _____ Bowling Lanes: _____ Bocce Ball: _____
 Dunk Tank: _____ Mechanical Bull/Similar Device: _____ Trampolines: _____
 Inflatable Devices: _____ Climbing Walls: _____ Children's Playground Equipment: _____
 Other: _____

Will the applicant ever have any of the following stunt activities on premises? (*Check all that apply*)

Aerialists Acrobats Sword Swallowing Flame Jugglers/Throwers/Eaters
 Zip Lines Other: _____

Does the applicant have a swimming pool, sauna or hot tub on premises?

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?

3.5 Liquor

Does the applicant have a valid liquor license?

Provide name on liquor license: _____

Provide License #: _____

Has the applicant ever been cited for liquor violations?

If yes, please provide detailed explanation: _____

Has the applicant or any owner, partner or member ever had a liquor license suspended or revoked?

If yes, please provide detailed explanation: _____

Does the applicant manufacture 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 during hours of employment or while working?

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 after their employment or working shifts on premises?

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 ever offer flaming or ignited drinks?

Does the applicant serve drinks including liquid nitrogen?

Does the applicant subscribe to any program or provide any form of available 3rd party transportation?

Will the applicant ever allow or sponsor drinking Olympics or any form of drinking games?

Will the applicant ever allow or sponsor the use of equipment to entice patrons to drink faster, such as beer bongs or funnels?

3.6 Promotions

Will the applicant allow patrons under the age of 21, but over the age of 18 on premises in the evening?

Will the applicant use wristbands with all patrons over the age of 21 when allowing patrons over 18 on premises?

If no, please provide detailed explanation of procedures: _____

Will 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?

Will the applicant ever use guest bartenders?

Will the applicant ever hold or allow foam parties on premises?

Will the applicant hold champagne or alcohol war events?

Does the applicant offer happy hour?

If yes, is happy hour offered in accordance with all governmental regulation guidelines?

Will the applicant offer all you can drink or open bar specials?

Will the applicant offer any drink prices reduced to less than a \$1.00?

3.7 Security

Does the applicant allow anyone on premises with a firearm, other than law enforcement?

Will the applicant have security, bouncers, door people, or ID checkers on premises?

Average # of security, bouncers, door people, or ID checkers per night: M: _____, Tu: _____, W: _____, Th: _____, F: _____, Sa: _____, Su: _____

Maximum number of security, bouncers, door people, or ID checkers on any given night: _____

Are security, bouncers, door people, or ID checkers: Employees Contractors Both

If Employees or Both:

Does the applicant perform background checks on all security, bouncers, door people, or ID checkers?

Will the applicant ever employ 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?

Does the applicant allow security, bouncers, door people, or ID checkers to carry any form of weapons?

If yes, Please provide detailed explanation: _____

Will the applicant ever engage police officers to be on premises?

Section 4- Other Coverage

4.1 Hired and Non Owned Auto Coverage

Does the applicant provide delivery service?

Does the applicant have any owned autos?

Number of employees: _____

Does the applicant offer valet parking services?

Do employees provide valet parking services?

Does the applicant use a 3rd party contractor for valet services?

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.

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)