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### Bars/Restaurants/Taverns General Liability Application

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_  
 Web Site Address \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other (Specify): \_\_\_\_\_

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	
Other Coverages, Restrictions, and/or Endorsements Deductible	\$	Total \$

**A. Classification of risk:**

Tavern       Disco       Bowling center      Caterer:  Off premises     On premises  
 Restaurant     Banquet facility     Membership club     Country club  
 Number of years in business: \_\_\_\_\_

**B. Annual sales:**

	Past 12 Months	Next 12 Months
Liquor Sales		
Food Sales		
Other		
Total		

**C. Are surrounding premises:**

- Downtown district     Residential/commercial     Rural     Shopping center     Waterfront
- Industrial     Resort     Seasonal     Suburban Commercial

If waterfront, does applicant provide boat docking facilities for patrons?.....  Yes  No  
 If yes, how many docking spaces for boats? \_\_\_\_\_

**D. Clientele:**

- Local residents     Families     Retirement community     College students     Seasonal residents
- Median age of patrons:     18-25     25-30     30-40     40 and over

Are premises located near a college or university?.....  Yes  No

**E. Entertainment:**

Is there any live entertainment on premises?.....  Yes  No

Number of times per week: \_\_\_\_\_

If yes, describe (include go-go dancers, topless, disco, exotic, female/male): \_\_\_\_\_

Is there dancing?.....  Yes  No

Number of times per week: \_\_\_\_\_ Square footage of dance floor: \_\_\_\_\_

Does applicant have amusement devices?.....  Yes  No

If yes, how many? \_\_\_\_\_ Describe: \_\_\_\_\_

Is there a minimum or cover charge?.....  Yes  No

Sports on premises?.....  Yes  No

If yes, provide complete details: \_\_\_\_\_

Sports sponsored off premises?.....  Yes  No

Number of times per week: \_\_\_\_\_ Give details: \_\_\_\_\_

Does applicant sponsor any special events?.....  Yes  No

If yes, describe: \_\_\_\_\_

**F. General Information:**

Are facilities available for use or rent for private parties, receptions, banquets or similar affairs?.....  Yes  No

If yes, number of times per year: \_\_\_\_\_ Describe: \_\_\_\_\_

Does applicant advertise or promote "happy hour" or other events when drinks are sold at a lower price than usual?.....  Yes  No

Do you subscribe to a taxi or other service providing transportation home to apparently intoxicated persons?.....  Yes  No

If yes, describe: \_\_\_\_\_

Number of years under current management: \_\_\_\_\_ How many hours per day is applicant open? \_\_\_\_\_

Types of meals served:     Full meals     Short order

Maintenance of building is:  Good  Average  Poor

Housekeeping is:  Good  Average  Poor

Square footage of bar/restaurant: \_\_\_\_\_

Does applicant have parking area? .....  Yes  No Is lot well lit? .....  Yes  No

In the past five years, has applicant been cited by the Liquor Control Commission? .....  Yes  No

If yes, give date(s) and full explanation: \_\_\_\_\_

Are police records and background checks conducted on employees? .....  Yes  No

Number of bouncers or doormen: \_\_\_\_\_

Are security guards/bouncers/doormen employees or independent contractors? \_\_\_\_\_

If independent contractors, do they provide Certificates of Insurance and Additional Insured

Endorsements to the applicant? .....  Yes  No

Does applicant have Workers' Compensation coverage in force? .....  Yes  No

Total number of employees: \_\_\_\_\_

**G. During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) .....  Yes  No**

If yes, explain: \_\_\_\_\_

**Previous Insurer and loss history: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.  See loss run attached**

Year	Company	Policy No.	Premium	Paid Losses	Reserved Losses	Loss Description

SCHEDULE OF HAZARDS								
Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem./Ops.	Products/Comp. Ops.	Prem./Ops.	Products/Comp. Ops.

**H. Does applicant have other business ventures for which coverage is not requested? .....  Yes  No**

If yes, explain and advise where insured: \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICABLE IN THE STATE OF NEW YORK:**

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.

**FRAUD WARNING:**

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.

I/We agree to submit records for audit by the Company upon termination or expiration of this policy for the determination of actual gross receipts during the coverage period.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(MUST BE OWNER, PARTNER OR OFFICER)

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
*(Applicable to Florida Agents Only.)*

IOWA LICENSED AGENT: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_  
\_\_\_\_\_

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"