

APPLICATION FOR RESTAURANT
includes Liquor Liability application

Broker's Name: _____
Address: _____

Insured Name: _____
D/B/A: _____
Mailing Address: _____

Location Address: _____

Inspection Contact: _____ Phone: _____

A. Applicant: Individual Corporation Partnership Joint Venture
 Other (please specify): _____

B. Classification of Risk: Restaurant Take-out Restaurant Diner
 Tavern Night Club Catering Facility

C. Proposed effective date: ____ / ____ / ____

D. Description of operation: _____

E. Years in business ____ Years under current management ____

F. Hours of operation from: _____

G. Number of employees: Full-time ____ Part-time ____

H. Any Live entertainment? Explain: _____

I. Any catering? Explain (i.e. weddings, functions): _____

J. Manager or owner on premises over 75% of the time? _____

K. Average price of a meal? (not including beverages) _____ Percentage of alcohol sold to total sales: ____%

L. Describe employee training _____

M. Maintenance of building: Good Average Poor

N. Housekeeping: Good Average Poor

Restaurant Application – Property Section (page 2 of 4)

Coverages / Limits needed: _____

Location (1) (if there is more than one location fill out separate application)

Basic: \$ _____ Broad: \$ _____ Special: \$ _____

Building: \$ _____ (Coinsurance: ____ %) Contents: \$ _____ (Coinsurance: ____ %)

Business Income: \$ _____ (Coinsurance: ____ % and/or Monthly Limitations: ____ %)

Money & Securities: \$ _____ safe burglary excluded / limited

Other: Type of Coverage _____ Limit \$ _____

_____ \$ _____

_____ \$ _____

Deductible Requested (\$1000 min.) \$ _____

Mortgagee: \$ _____

A. Construction: _____ Year Built: _____ Protection Class: _____

Square Footage of Building: _____ Number of Stories: _____

B. Updates: Roof: _____ (year) Plumbing: _____ (year)

Heat: _____ (year) Electric: _____ (year)

C. Exposures: (right) _____ (left) _____ (rear) _____

What are the other occupancies of the building: (list all)

D. Is premises near or on the water? YES NO If yes, please include distance _____ (feet / mile(s))

E. Smoke Detectors YES NO

F. Sprinkler Systems YES NO

G. Alarms: Burglar - YES NO Fire - YES NO Sprinkler - YES NO

H. Central Station YES NO _____ Grade

I. Ansul System YES NO How often is the system checked/serviced? _____

Comments? List any other property information that may be pertinent.

Restaurant Application – Liability Section (page 3 of 4)

Coverages / Limits	\$ _____	Other Liability Coverages (desired/limit)	\$ _____
General Aggregate	\$ _____		\$ _____
Each Occurrence	\$ _____		\$ _____
Products/Completed Ops	\$ _____		\$ _____
Personal & Advertising Injury	\$ _____		\$ _____
Fire Damage Legal	\$ _____		\$ _____
Medical Payments	\$ _____		\$ _____
Liquor Law Legal	\$ _____		\$ _____

A. Total Receipts \$ _____

Breakdown: Food: \$ _____ Liquor: \$ _____

Other: \$ _____ (explain): _____

B. Will you have any deliveries? Yes No if you checked yes, are they time-sensitive? Yes No

C. Entertainment: Is there any live entertainment? Yes No if yes, please complete the following:

C1. What type of live entertainment? (dancers, topless, all nude, female/male, bands, jazz, rock, lite music, etc.)
Please explain:

C2. How many times per week? _____

C3. Any amusement devices? (TV's, pool tables, pinball machines, video games, dart boards, etc.)
Please explain:

C4. Sports on premises? Yes No explain _____

C5. Sports sponsored off premises? Yes No explain _____

D. Any Dancing? Yes No Size of dance floor _____ Number of days per week _____

E. Security/Bouncers: Armed Unarmed

Bouncer Training/Experience (describe) _____

Are Bouncers off duty policeman? Yes No Names of Bouncers/Security: _____

F. Are facilities available for use or rent of private parties, receptions? Yes No if yes, explain:

G. Do you subscribe to a taxi or other service providing transportation home for intoxicated patrons? Yes No
Explain _____

H. Does the applicant advertise "Happy Hour" or other events where drinks are sold at a lower price? Yes No
Explain _____

Restaurant Application – Loss History (page 4 of 4)

List previous carriers for the past 3 years

Company	Property Premium	Dates
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Company	Liability Premium	Dates
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Company	Liquor Premium	Dates
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

List previous loss information for the past 5 years (provide hard copy if available)

Date	Description of loss	Reserve / Paid
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Signature of Broker

Signature of Insured

Date

LIQUOR LIABILITY INSURANCE APPLICATION

Effective Date: _____ Retroactive Date: _____

GENERAL

1. Applicant: _____

Entity is a : Corporation Individual Partnership Sole Proprietor Other _____

2. Mailing Address: _____

3. Telephone Number: (_____) _____ - _____

4. Name of licensee: _____ License Number: _____

5. Years Applicant in Business: _____ At this location: _____

if operation is new, please provide written details of Owner(s) and Manager(s) prior to restaurant experience

6. **Description of Operation (check all that apply):**

- Tavern/Bar/Saloon
- Private Club
- Hotel/Motel
- Package Store
- Distributors – no sales to the public
- Convenience Stores
- Catering/Banquet
- Exhibition/Rental Hall/Temporary License
- Restaurants – 50% or more of gross receipts from sale of alcoholic beverages
- Restaurants – 1-24% of gross receipts from sale of alcoholic beverages
- Nightclub – topless or adult entertainment

7. **Estimated Annual Gross Receipts (for next 12 months):**

Alcoholic Beverages	On premise consumption	\$ _____
	Off premise consumption	\$ _____

Food.....\$ _____

From Other Source.....\$ _____

Total Estimated Annual Gross Receipts All Sources.....\$ _____

LIQUOR LIABILITY INSURANCE APPLICATION

8. Operations:

Hours: Weekdays: From: _____ am pm To: _____ am pm Total days open per week? _____
 Weekends: From: _____ am pm To: _____ am pm Days: _____
 Happy Hour: From: _____ am pm To: _____ am pm

9. Staff – Number of: _____

	<u>Servers</u>	<u>Bartenders</u>	<u>Hostess/Mgt.</u>	<u>Dancers</u>	<u>Bouncers/Security</u>	<u>Parking</u>
Full-time	_____	_____	_____	_____	_____	_____
Part-time	_____	_____	_____	_____	_____	_____

Is liquor training required? Yes No Type of Training? _____

Are customers permitted to bring alcohol on or off premises? Yes No

Is there a Written Policy on serving alcohol posted for employees and customers? Yes No

Is transportation arranged or provided for patrons? Yes No

Are customers I.D.s checked upon entering? Yes No

Any staff "leased" or employed on a contract basis? Yes No

Dancers supervised? Yes No

10. Security/Bouncers: Armed Unarmed

Bouncer Training/Experience (describe) _____

Are Bouncers off duty policeman? Yes No

Names of Bouncers/Security: _____

11. Are firearms maintained on the premises? Yes No

12. Does applicant allow entertainment? Yes No if yes, how many days? _____

Rock & Roll Disco/Video Country Western Solo/Musician
 Piano/Organ Disc Jockey Dancers Topless Dancers
 Band – number of members _____

Does applicant allow dancing? Yes No if yes, how many days? _____

Size of dance floor (square feet) _____

13. Does applicant have amusement devices? Yes No If yes, indicate type below

Pool Tables number _____ Video Machines number _____
 Other (describe) _____ - number _____

Does applicant have any promotional events? Happy Hour Ladies Night Other _____

14. Average age of clientele _____ What is the seating capacity? _____

LIQUOR LIABILITY INSURANCE APPLICATION

15. Is applicant required to name the Landlord as an additional insured? Yes No
if yes, enter name, address or phone: _____
16. Has applicant ever been fined or cited for violations of a law or ordinance relating to sales of alcohol?
(After Hours, minor, etc.) Yes No if yes, please give details _____
17. Has applicant had any claim(s) or loss(es) arising out of your Liquor Operations in the last five years?
 Yes No if yes, please provide specific details _____

18. Has applicant ever had liquor liability coverage cancelled, or non renewed in the last five years?
 Yes No if yes, please provide specific details _____

19. I hereby apply for a policy of insurance as set forth in the application and I certify that all the information provided by me in this application is true and complete. I understand that any policy which may be issued by the company will be issued on the basis of and in reliance upon my statements in this application. I agree that such policy shall be null and void if any such statements are false, misleading or incomplete.

I agree to submit my records of gross receipts to the company for audit whenever requested to do so.

Signature of applicant

Date

Name of applicant

20. I hereby warrant and certify that all information contained in this application is correct and complete to the best of my knowledge and belief, that this application was completed and personally signed by the applicant and that a completed copy hereof has been given to the applicant.

Signature of Producing Agent

Date

Name of Producing Agency: _____

Address: _____

