



Bars/Restaurants/Taverns General Liability Application

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

 Web site Address: _____

Agency Name: _____
 Agent: _____
 Address: _____

 E-Mail: _____
 Phone: _____

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

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

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify) _____

Limits Of Liability and Deductible Requested:

| | |
|--|----|
| General Aggregate (other than Products/Completed Operations) | \$ |
| Products & Completed Operations Aggregate | \$ |
| Personal & Advertising Injury (any one person or organization) | \$ |
| Each Occurrence | \$ |
| Damage To Premises Rented To You (any one premise) | \$ |
| Medical Expense (any one person) | \$ |
| Other Coverages, Restrictions, and/or Endorsements: | \$ |
| Deductible | \$ |

1. Classification of risk:

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Banquet facility | <input type="checkbox"/> Bring your own bottle establishment | <input type="checkbox"/> Disco | <input type="checkbox"/> Membership club |
| <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Cabaret | <input type="checkbox"/> Country club | <input type="checkbox"/> Nightclub |
| <input type="checkbox"/> Bowling center | <input type="checkbox"/> Comedy Club | <input type="checkbox"/> Deli | <input type="checkbox"/> Restaurant |

2. Annual gross sales:

| | Past Twelve (12) Months | Next Twelve (12) Months |
|--------------|-------------------------|-------------------------|
| Liquor Sales | | |
| Food Sales | | |
| Gambling | | |
| Other | | |
| Total | | |

3. Number of years in business: _____

4. Number of years under current management: _____

5. Opening and closing time per day? _____

6. Are there any catering services available?..... Yes No

If yes: Off premises On premises Gross sales: _____

7. Types of meals served: Full meals Short order

8. Maintenance of building is: Good Average Poor

9. Housekeeping is: Good Average Poor

10. Square footage of bar/tavern/restaurant: _____

11. 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: _____

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

13. Hookah exposure (communal smoking)? Yes No

14. Does applicant subscribe to a taxi or other service providing transportation home to apparently intoxicated persons?..... Yes No

If yes, describe: _____

15. Does applicant have parking area? Yes No

If yes, is parking area well lit?..... Yes No

16. Is valet parking provided on premises?..... Yes No

If yes, is parking done by insured's employees?..... Yes No

If yes, where is Garage Liability Coverage insured? _____

If no, advise by whom: _____

17. 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? _____

18. Clientele:

Local residents Families Retirement community College students Seasonal residents

Median age of patrons: 18-25 26-30 31-40 41 and over

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

19. Entertainment:

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

If yes: Number of times per week: _____

Describe: (include go-go dancers, topless, disco, exotic, female/male): _____

b. Is there dancing?..... Yes No

If yes: Number of times per week: _____

Square footage of dance floor: _____

c. Does applicant have any mechanical or amusement devices? Yes No

If yes: How many? _____

Describe: _____

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

e. Are there sports on the premises?..... Yes No

If yes: Provide complete details: _____

f. Are sports sponsored off premises? Yes No

If yes: Number of times per week: _____

Give details: _____

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

If yes: Describe: _____

h. Is there any gambling?..... Yes No

If yes: Are there any "live" dealers?..... Yes No

Number of gambling machines? _____

i. Is there a play area for children? Yes No

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

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

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

22. Number of bouncers, doormen or security personnel: _____

Are bouncers, doormen or security personnel employees or independent contractors? _____

If independent contractors, do they provide Certificates of Insurance and Additional Insured Endorsements to the applicant? Yes No

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

Total number of employees: _____

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

If yes, explain: _____

25. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No

If yes, describe: _____

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

If yes, explain and advise where insured: _____

27. Additional Insured Information:

| Name | Address | Interest |
|------|---------|----------|
| | | |
| | | |
| | | |

28. Schedule Of Hazards:

| Loc. No. | Classification Description | Class. Code | Exposure | Premium Basis |
|----------|----------------------------|-------------|----------|---|
| | | | | (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

29. Prior Carrier Information:

| | Year: | Year: | Year: |
|---------------------------|-------|-------|-------|
| Carrier | | | |
| Policy No. | | | |
| Coverage | | | |
| Occurrence or Claims Made | | | |
| Total Premium | | | |

30. 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. <input type="checkbox"/> Check if no losses last three years. | | | | |
|---|---------------------|-------------|-----------------|-------------------------------|
| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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.

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. **(Not applicable in Nebraska, Oregon or Vermont.)**

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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 MAINE 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 may include imprisonment, fines or a denial of insurance benefits.

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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FRAUD WARNING (APPLICABLE IN TENNESSEE VIRGINIA AND 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING 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.

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 NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

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.