

Restaurant, Bar and Tavern Supplemental Application

Please answer all questions. Submit this application with a menu, a completed ACORD application and prior carrier three year loss runs.

Named Insured: _____

DBA: _____

Website Address: _____

Location Address: _____

GENERAL INFORMATION

1. Annual Food Gross Sales: _____ Annual Alcohol Gross Sales: _____ Other Sales: _____
2. What is the latest business closing time?
 11:00 PM or earlier After 11:00 PM and by 2:00 AM After 2:00 AM or open 24 hours
3. When did this location open under the current ownership? _____
 a. If less than 3 years under current ownership, describe owner's prior restaurant/bar ownership or management experience including length of time.

4. Has the name of the business changed in the last five years? Yes No
 a. If yes, what was the prior name? _____
5. Do you provide table service? Yes No
6. Are customers allowed to bring their own alcohol on the premises? Yes No
7. What is the operating season? Annual From: _____ To: _____
8. Have police been called to the premises in the past three years? If yes, provide details. Yes No

9. Has the risk had a prior or current foreclosure, repossession or bankruptcy? If yes, provide details. Yes No

PREMISES

1. Is there a swimming pool on the premises? Yes No
2. How many apartment units on the premises do you own or maintain?
 a. If any, are any of these units subsidized, student or senior housing? Yes No
3. Is this a waterfront property? Yes No
 a. Do you own or maintain any ocean or river beaches? Yes No
 b. How many boat docking facilities are available for patrons? _____

ALCOHOL SERVICE (skip section if no alcohol exposure)

N/A

1. Do you have an active liquor license? Yes No
2. Have you had any fines or violation of alcohol beverage control laws in the past two years? Yes No
3. Do you have any drink specials that extend past 9:00 pm? Yes No
4. Do you offer bottle service (i.e. purchasing of a bottle of liquor to be consumed on the premises) other than wine? Yes No

5. Do you serve or sell alcohol away from the premises? If yes, provide details. Yes No

6. Do you require all alcohol servers to take a third-party alcohol server training program such as TIPS, TOPS, etc.? Yes No

7. Do you have written guidelines and procedures in place for verifying the age of patrons to prevent the sale of alcohol to minors? Yes No

8. Do you have written guidelines and procedures in place for cutting off and not over-serving patrons that are intoxicated? Yes No

9. Do you brew or distill your own alcohol? Yes No

a. What are the gross sales from brewing/distilling operations? _____

b. How do you package the alcohol? Bottles Cans Keg/Drum Other _____

10. What, if any, are the sales of alcohol to customers for off-premises consumption? _____

ENTERTAINMENT

1. What is the dance floor area? N/A _____ Sq. Ft

2. Do you have any entertainment that attracts crowds larger than 250 people? Yes No

3. Do you host any special events that allow for increased capacity or utilize space around the building? Provide details if 'yes'. Yes No

4. Do you have any mechanical bulls, nude or topless dancing, or pyrotechnics? Yes No

5. How many sports courts and playgrounds do you have on the premises? _____

TAVERN ONLY

(skip section if no alcohol sales or closes before 11 PM with less than 60% alcohol sales)

N/A

1. Are there any balconies, decks, or rooftop areas? Yes No

2. Do you offer or allow drinking games (e.g. beer pong, shot games) Yes No

3. Are you located on or near a college campus or do you target college-aged clientele? Yes No

4. Do you open after 8:00 PM on any night? Yes No

5. What live entertainment do you offer? (Check all that apply) None

Karaoke DJs Bands Foam Parties Raves

Other: _____

- a. Are any musical acts rap, hip hop, punk rock or heavy metal? Yes No

- b. Do you have live entertainment more than three nights a week? Yes No

6. What amusement devices are on the premises?

Pool Tables Darts Juke Box Gambling games Arcade games

Mechanical rides Other: _____

7. Are firearms allowed on the premises? Yes No

8. Do you have bouncers or other security staff? Yes No

- a. What type of weapons are they armed with? _____

- b. Are there metal detectors, pat downs or frisking at the door? Yes No

ADDITIONAL OPERATIONS

1. Do you offer valet parking? Yes No

- a. If yes, who is responsible for valet parking? Employees Independent Contractor

- b. Do you verify the driving records of all employed valet parking attendants? N/A Yes No

- c. If valet parking is contracted, do you keep records of the contractor's Garagekeepers Liability certificate of insurance? What limits do you require? _____

2. What, if any, are your sales from off-premises catering? _____

3. Do you rent your facility or make it available for private parties or events? Yes No

4. Please describe any operations not otherwise mentioned:

PROPERTY

N/A

1. Are there any wood burning stoves or fireplaces on the premises? Yes No

2. What types of cooking are done on the premises? None Grilling
Deep Fat Frying Open Broiling Solid Fuel Cooking Roasting Tableside Cooking
Barbecue Smokehouse Other: _____

3. If any barbeque pits or smokehouses on the premises, where are they located?
 In the building Beside the building _____ ft from the building

4. Is the building situated on a wharf, pier or dock? Yes No

5. Are all gas and electric cooking fuel supplies equipped with automatic shut-offs and manual pulls? Yes No

6. Do all cooking surfaces have a UL300-approved automatic fire extinguishing systems installed above them? Yes No

7. Is there a contract in place with a third-party to have the fire suppression, hood and duct systems cleaned and maintained at least semi-annually? Yes No

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

Applicant Signature _____ Title _____ Date _____

Producer Signature _____ Date _____