

Restaurants, Taverns, Adult Entertainment Supplemental Application

Applicant: _____

Previous Carrier: _____ Premium: _____

Business Information

Currently open for Business No Yes

Number of years at this location under current ownership: _____

Total years in Restaurant/Tavern Management: _____ Ownership: _____

Total Receipts:\$ _____ Alcohol Receipts:\$ _____ Admission Receipts:\$ _____

Days of Operation: _____ Hours of Operation: _____

Has applicant ever been involved in bankruptcy or liquidation? No Yes

If "Yes", please explain _____

Has applicant had any citation or violation from any local or state regulatory authorities? No Yes

If "Yes", please explain _____

Premises Information

Premises Address: _____

Is the parking lot under insured's control? No Yes: Square Footage _____

Is parking for customers only? Yes No, please explain _____

Is valet parking provided? No Yes If "Yes", by employees or service? employees service

Is there a central station burglar alarm? _____

Building Sq. Footage: _____ Occupied Sq. Footage: _____ Customer Sq. Footage: _____

Age of Roof: _____ Date of upgrades: Plumbing _____ Wiring _____ Heating _____

Are renovations taking place? No Yes

If "Yes", please explain _____

Entertainment

Is there any entertainment? No Yes, please explain type and how often _____

Is there dancing? No Yes, size of dance floor and number of nights _____

Is there exotic dancing? No Yes, number of dancers per shift _____

Amusement devices? No Yes, type and number _____

Mechanical devices? No Yes, type and number _____

Gaming devices, tables? No Yes, type and number _____

Pool tables? No Yes, type and number _____

Bouncers? No Yes, number _____

Security Guards? No Yes, number _____ Are they armed? No Yes

Are bouncers Off-Duty Policemen? No, describe training _____ Yes

ID Checkers? No Yes

Any weapons on premises? No Yes

Cooking

If none, check here

Does applicant serve any raw seafood? _____

Is there an automatic suppression system? No Yes

Does the system protect all hoods and ducts? No Yes Griddles? No Yes

Deep fat fryers? No Yes Open Flame? No Yes Barbecue Pits? No Yes

Does the applicant have a service contract for automatic fire extinguishing system? No Yes

Date last cleaned: _____ Frequency of cleaning: _____

Is there an automatic fuel shut-off device? No Yes

Does the applicant have a contract with an outside commercial cleaning company for hood and duct system?

No Yes Date last serviced: _____ Frequency of cleaning: _____

Number and type of fire extinguishers _____

Any off-premises catering? No Yes, please explain

% of total receipts _____

Liquor Liability

Previous carrier: _____ Expiration Date: _____

Policy Number: _____ Claims made: _____ Occurrence _____

Ever cancelled or non-renewed? No Yes, please explain _____

Has applicant ever been cited or fined for violation of law or ordinance relating to the sale of alcohol:

No Yes, please explain _____

Average age of clientele _____ Seating capacity _____

Number of bartenders _____ Number of servers _____

Name, address, phone number of bookkeeper _____

Does applicant have any promotional events? No Yes Happy Hour? _____

Ladies Night? _____ Other, explain _____

Have alcohol servers received certified training? No Yes Describe program: _____