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:

☐ Banquet facility ☐ Bring your own bottle establishment ☐ Disco ☐ Membership club
☐ Bar/Tavern ☐ Cabaret ☐ Country club ☐ Fine Dining ☐ Nightclub
☐ Bowling center ☐ Comedy Club ☐ Deli ☐ Gentlemen's/Strip Club ☐ 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. ☐ 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.