

RESTAURANTS / BARS / TAVERNS / BOWLING CENTERS / NIGHTCLUB QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section below are answered "YES," you are not eligible for coverage.

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1. Do you have any armed security staff? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Is the business considered a punk, rap or underground bar? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Does the business provide or allow: any wrestling, Velcro walls, stage diving, raves, body surfing, foam parties or mosh pits? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Are minors allowed in the bar/tavern area past 9:00 pm? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Do you ever operate as a teen dance club? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Do you have any mechanical or amusement rides?* | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. Do you provide adult entertainment and/or "closed off" private rooms?* | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. Is the main event area or dance floor not on street level?* | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

*These circumstances may be eligible in CSIC, please submit to your home office underwriter for consideration.

Answer the following question if this is a Bar/Tavern or if the alcohol sales are greater than 50% of the total sales of food and alcohol.

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 9. Does this business cater to a college crowd or patrons under the age of 30? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--|--------------------------|-----|--------------------------|----|

GENERAL INFORMATION

<input type="checkbox"/> Restaurant - No Alcohol	<input type="checkbox"/> Fine Dining	<input type="checkbox"/> Restaurant – Alcohol < 50%
<input type="checkbox"/> Restaurant - Alcohol >50%	<input type="checkbox"/> Sports Bar – Alcohol >50%	<input type="checkbox"/> Pool Hall/Billiard Parlor
<input type="checkbox"/> Private Club	<input type="checkbox"/> Night Club (Refer to brokerage)	<input type="checkbox"/> Banquet Facilities
<input type="checkbox"/> Wine Bar	<input type="checkbox"/> Gentlemen's Club (CSIC only)	<input type="checkbox"/> Other (describe below)



- 1. Total annual gross sales: \$_____
a. Food: \$_____
b. Liquor: \$_____
c. Bowling \$_____
d. Catering \$_____
e. Other: _____ \$_____
2. Does the applicant offer regular food delivery service? [] Yes [] No
3. Management's years of experience in the restaurant/bar/tavern industry? _____
Note: Experience is defined as the ownership or general managing of a similar establishment. Shift or line management experience does not apply to experience for the purpose of this question.
4. Is your building located on a wharf, pier, beach, dock, or on pilings? [] Yes [] No
a. If "YES," how many boat slips are available for customers to use? _____
5. Is the building owned by this insured? [] Yes [] No
a. If "YES," are there any apartment units rented to others? [] Yes [] No
b. Is any portion of the building vacant? [] Yes [] No
i. What percent is vacant and why: _____
7. Has the business incurred any public code violations or has the health department taken actions against the business license? [] Yes [] No
a. If "YES," explain: _____
8. Does your business stay open past 2:00 AM (Nevada risk, need not answer)? [] Yes [] No
a. If "YES," explain why and any additional staffing used: _____
9. Does the business employ "bouncers," ID checkers or other security personnel? [] Yes [] No
10. Does the business provide full bottle service other than fine dining establishments that provide full bottles of wine? [] Yes [] No

BOWLING CENTERS (COMPLETE IF APPLICABLE)

- 1. Is the bowling center open past 2:00 AM? [] Yes [] No
2. How many lanes does the center have? _____

ENTERTAINMENT INFORMATION

1. Live entertainment provided? Yes No

a. If "YES," describe the frequency of the live entertainment: _____

b. Please indicate the type of live entertainment:

<input type="checkbox"/> DJ / Karaoke	<input type="checkbox"/> Live Band	<input type="checkbox"/> Exotic Dancers
<input type="checkbox"/> Stage/Floor Show (describe): _____		

2. Does the business have a dance floor? Yes No

a. If "YES," describe (square footage, raised or sunken, lighting, etc.):

3. Are there any sports competitions on the premises? Yes No

a. If "YES," describe including how many (volleyball, basketball, baseball, horseshoes, etc.)

4. Are there any climbing playrooms or playgrounds on the premises? Yes No

COOKING HAZARDS

1. Is the extinguishing system a DRY extinguishing system? Yes No

2. Do you have at least a semi-annual service contract for auto extinguishing systems? Yes No

3. Are filters, hoods, and ducts cleaned at a MINIMUM of every six months? Yes No

4. Is there tableside cooking or open pit barbecues? 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.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

 Applicant Signature Title Date

 Producer Signature Date