

# 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)

- |  |     |    |
|--|-----|----|
| 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                    |
| c. If valet parking is contracted, do you keep records of the contractor's Garagekeepers Liability certificate of insurance? What limits do you require? | Yes       | No                     |
| 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.

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Applicant Signature Title Date

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Producer Signature Date