

Insurance Strategies Consulting, LLC.

Restaurant, Bar and Tavern Application

Name of Applicant: _____ DBA: _____
Location Address: _____ City: _____
County: _____ State: _____ Zip Code: _____
Email Address: _____

If Applicant has more than one location, Applicant must fill out a separate Application for each location.

Mailing Address (If Different): _____
Current Carrier: _____ Renewal Date: _____ Current Premium \$ _____
Policy Number: _____ Target Premium \$ _____
Applicants Web Address: _____
Has The Applicant's Current Policy been Cancelled or Non-Renewed: Yes No
If Yes, Please Describe Why The Current Policy has been or is being Cancelled or Non-Renewed:

Business Information

Applicant is a: Corporation Partnership Individual Limited Liability Company Other: _____
Applicant is a: Bar Tavern Restaurant
Other (Please Specify): _____
Number of Years at this Location: _____ Number of years experience in Restaurant/Bar/Tavern Business: _____
Federal EIN Number: _____ Maximum Legal Building Occupancy: _____
If less than 3 years at this Location, list previous experience and locations: _____

Number of similar operations: _____ Franchise: Yes No Chain: Yes No

Operations Section

Is Applicant Open Now? Yes No If "No", When Will Applicant Open for Business? _____
Hours of Operation From: _____ To: _____ Number of Days per Week: _____
Is Applicant a Seasonal Operation? Yes No If "Yes", explain: _____
Approximate Distance in Feet from Business location to Nearest Ocean/Lake/River : _____
In the next 12 months, do you plan to remodel, have construction activities, or have demolition activities, on | upon the location address? Yes No If "Yes", explain: _____

Security

Are any Bouncers, Crowd Control or Security Personnel Used? Yes No
If Yes Describe Type, and Number of Persons on Any Shift: _____
Are these persons: Employees: _____ Subcontractors: _____
IF subcontractors, is there a contract naming our insured as additional insured? _____ Limit \$ _____
(Proof of insurance evidencing our insured as additional insured REQUIRED)
Do you have an ID Checker During the Hours the Applicant is Open? Yes No
If "Yes", Please Explain: _____
Do you have or allow any weapons on the premises? Yes No
If "Yes", Please Explain: _____
Are Any Non-Employee Security Services Hired or Contracted By or For the Applicant? Yes No
If Yes, Describe Type and Purpose: _____
In the Last 12 Months Have Any Emergency Services Been Called to the Applicants Location?; i.e. Police, Ambulance, Fire
Yes No If "Yes", Explain how many times and why: _____

Property Section

Does Applicant Own the Building in Which it Conducts Business? Yes No

If "No", who is the owner of the building? _____

Is Applicant Required by a Lease or Contract to Insure the Building in Which it Conducts Business? Yes No

Building Limit \$ _____ Co-Ins % _____ ACV R/C Deductible \$ _____ (\$1,000 Min.)

Business Personal Property Limit \$ _____ Co-Ins % _____ ACV R/C Deductible \$ _____ (\$1,000 Min.)

Tenant Imp. & Betterments Limit \$ _____ Co-Ins % _____ ACV R/C Deductible \$ _____ (\$1,000 Min.)

Business income limit \$ _____ Co-Ins %: _____ Monthly Indemnity: _____ Minimum waiting Period for coverage: 72 Hours

Property Enhancement Endorsement Deluxe

Other Property Coverage Requested: _____

Age of Building: _____ Construction Type: _____ Protection Class: _____ Number of Stories: _____

Year of Update to the: Wiring: _____ Plumbing: _____ Heating: _____ Roofing: _____

Are there any EFIS, Asbestos or Lead Exposure in premises? Yes No

Is there any Aluminum or Knob Wiring in premises? Yes No

Are there Other Occupants in the building in which the Applicant conducts business? Yes No

If Yes, Type of Occupancy and number of tenants: _____

Does the building have Smoke Detectors? Yes No If Yes, Type: Electric Battery Power

Does the building have a Fire Alarm System? Yes No If Yes, Type: Central Station Local

Does the building have a Burglar Alarm? Yes No If Yes, Type: Central Station Local

Does the building have Surveillance Cameras? Yes No Inside: Yes No Outside: Yes No

Are Surveillance Cameras Central Monitor?

Does the building have a Sprinkler System? If "Yes", Age: _____ Type of System: Wet Dry

Does a Volunteer Fire Department provide service to the building? Yes No

Distance in Feet to Nearest: Hydrant: _____ Dept: _____

Does the Applicant's business have a Kitchen Fire Protection System? Yes No, there is NO COOKING

Is the U.L. Approved Automatic Extinguishing System under Semiannual Contract? Yes No

If Yes to U.L. Approved System, does it Cover All Cooking Surfaces? Yes No

System Brand Name: _____ Type of System: Wet Dry

Are There Automatic Gas or Electric Shut Offs for Cooking? Yes No

Are Hood and Filters Cleaned Weekly by Staff? Yes No

If "No", how often are they cleaned and by whom? _____

Do Hoods and Ducts Cover All Cooking Equipment? Yes No

Are the Hoods and Ducts Serviced Under a Maintenance Contract Schedule? Yes No

If "Yes", please Specify Maintenance Schedule: _____

Number of Fire Extinguishers at This Location: _____ Tag dates: _____

Is the Applicant's Kitchen Sub-leased? Yes No If Yes, Explain: _____

Does the Applicant have Table Cooking or Tableside Cooking? Yes No

If Yes, Explain: _____

Financial Information

Has the Applicant now or ever been involved in: Bankruptcies: Yes No

Foreclosures: Yes No Tax Liens: Yes No Business Failures: Yes No

Any Litigation: Yes No

If Yes, Please Explain: _____

Liability Section

General Liability Limit: \$500,000/\$1,000,000 \$1,000,000/\$2,000,000
 Liquor Liability Limit: \$500,000 \$1,000,000
 Assault & Battery Limit: \$100,000 \$300,000 \$500,000 \$1,000,000
 Fire Legal Limit: \$250,000 included
 Employee Benefits Liability included: Yes No Retro Date: _____
 Does the building in which the Applicant's Business Operates have any Stairs? Yes No
 Do the Applicant's Employees or Patrons Utilize Off Premise Parking? Yes No
 If "Yes", list address, square footage(or number of spaces): _____
 _____ (if AI req'd, include on Page 6)
 Annual Receipts: Total \$ _____ Including: Food \$ _____ Liquor \$ _____ Other \$ _____
 Does the Applicant Provide Off Premises Catering? Yes No Food \$ _____ Liquor \$ _____
 Does the Applicant have any Banquets on the Premises? Yes No If "Yes" what is the Square Feet: _____
 Describe All of the Applicant's Catering/Banquet Operations: _____
 Square Footage:
 Total Building: _____ Public Area: _____ If Restaurant, Table Seating Capacity: _____
 Does the Applicant provide Valet Parking? Yes No If Yes, Company Name: _____
 Insurance Carrier: _____ Eff: _____ To: _____
 Are there apartments? Yes No If "Yes", Number of Units: _____ Owner Occupie: Yes No
 Do all apartment units have fully operational smoke detectors? _____ CO2 detectors? Yes No
 Is there a Dock/Wharf? Yes No
 Describe Any Other On or Off Premise Exposures of the Applicant NOT Listed Above: _____

Liquor Legal Liability Section

Does Applicant Serve Alcohol: Yes No If "Yes", This Entire Section MUST be Completed
 Does Applicant Have One or More Liquor Licenses? Yes No If "NO" is BOYB Permitted? Yes No
 If "Yes", Type and Number: _____
 Number of Bar Seats: _____ Max Number of staff per shift: _____ Bartenders: _____ Wait Staff: _____
 Average Employment Experience: _____ years.
 Does the Applicant Provide Alcohol Server Training? Yes No
 If "Yes", Explain Type of Training and When Trained: _____

 Does the Applicant Have a Written Policy on Serving or Providing Alcohol to Employees & Customers? Yes No
 Is Management Notified Prior to Refusing to Sell Alcohol to Patrons? Yes No
 Is Documentation Kept on Each Incident of Refusing to Sell Alcohol? Yes No
 Number of Bars on Premises? _____ Is There a Steady Bar Clientele? Yes No
 Does the Applicant's Business have any "Happy Hours"? Yes No
 Does the Applicant's Business offer any Reduced Price Drinks? Yes No
 Is a Last Call Given? Yes No If "Yes", What Time: _____
 Have There Been Any Alcoholic Beverage Control Violations? Yes No
 If "Yes", List ALL Violations:

Entertainment Section

Does the Applicant Provide Any Entertainment? Yes No If "Yes", This ENTIRE Section MUST be Completed
Nights w/Entertainment: Every Night Fri Sat Sun Mon Tue Wed Thu Clientele Avg. Age: _____
Type of Entertainment? Rock Group DJ Band (Any Kind) Go-Go Dancers Karaoke
Other (Please Describe): _____
Is there ever a Cover Charge? Yes No If Yes, how much \$ _____
Is any Dance Floor or Stage on the Business Premises? Yes No If Yes, Square Ft.: _____
If Yes, Is the Dance Floor or Stage Elevated or Higher than the Level Ground? Yes No If Yes, How High? _____
Is Dancing Permitted Anywhere on the Premises? Yes No
Are Any Amusement Devices (Pool Tables, Video Games, etc.) on the Premises? Yes No
If "Yes", Please Provide the Number and Description: _____

Non-Owned Automobile (Hired Auto Not Available)

Is Non-Owned Automobile Insurance Coverage Requested? Yes No If Yes, Complete Entire Section
Number of Employees: _____ Does Applicant have a Business Auto Policy? Yes No
Do you or any of your Employees use an Automobile or other Type of Vehicle too Deliver any of your Products to your
Customers? Yes No
If "Yes", List the Business Purposes the Non-Owned Autos will be Utilized for: _____

Claims Section

List ALL Claims by or Against the Applicant or by or Against any Owners of the Applicant for Each Category below for the Past 5 Years:
If None, Then Answer "None".

Property Claims: _____

General Liability Claims: _____

Liquor Liability Claims: _____

Assault & Battery Claims: _____

Any Knowledge of Any Occurrence, Condition, Act, Omission, Harm or Damage to Any person or Property that may Potentially Give
Rise to any Future Claim or Legal Action Against the Applicant? Yes No

Has Any Applicant been Indicted for or Convicted of Any Degree of the Crime of Fraud, Bribery, Arson, or Any other Arson-Related
Crime in Connection with this or any other Property? Yes No

Have Any Crimes Occurred or Been Attempted on Your Premises Within the Last Three (3) Years? Yes No

Owners/Additional Owners/Shareholders

This Owners/Shareholders/Members/Partners Information Must be Entered To Bind Coverage

All owners/officers/members/partners of the Applicant must provide the information requested below in full in order to bind.

Owners Name (Principal): _____ SS#: _____ DOB: _____

Home Address: _____

Home Phone #: _____ Business Phone #: _____

Owners Name (Principal): _____ SS#: _____ DOB: _____

Home Address: _____

Home Phone #: _____ Business Phone #: _____

Owners Name (Principal): _____ SS#: _____ DOB: _____

Home Address: _____

Home Phone #: _____ Business Phone #: _____

Owners Name (Principal): _____ SS#: _____ DOB: _____

Home Address: _____

Home Phone #: _____ Business Phone #: _____

The undersigned warrants and represents that he or she is the Applicant or is an authorized representative of the Applicant and represents that reasonable enquiry has been made to obtain the answers to each of the questions on this Application. The Applicant warrants and represents that the above statements and particulars, together with any attached or appended documents or materials (this Application), are true and complete and do not misrepresent, misstate or omit any material fact. Furthermore, the Applicant authorizes Insurance Strategies Consulting, LLC., its assignees or affiliated entities to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify Insurance Strategies Consulting, LLC. of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued to the Applicant. The Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Are you the Broker of Record on this account? Yes No

Agent: _____ Producer: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____ Fax #: _____

Agent Signature: _____ E-mail address: _____

Comments/Notes :

Additional Interests

Mortgagees, Additional Insureds and Loss Payees are defined as Additional Interests

There are Additional Interests listed below and are by this acknowledgement included in the information that is warranted by the signature(s) listed on page 5 of this application.

If the box above is not checked it is understood that there are no Additional Interests to this application.

Additional Insured Name: _____
 Address: _____
 City, State and Zip: _____
 Interest: _____

Additional Insured Name: _____
Waiver of Subrogation Address: _____
Primary and City, State and Zip: _____
Noncontributory Wording Interest: _____

Loss Payee Name: _____
 Address: _____
 City, State and Zip: _____
 Interest: _____

Loss Payee Name: _____
 Address: _____
 City, State and Zip: _____
 Interest: _____

Loss Payee Name: _____
 Address: _____
 City, State and Zip: _____
 Interest: _____

Loss Payee Name: _____
 Address: _____
 City, State and Zip: _____
 Interest: _____

Mortgagee Name: _____
 Address: _____
 City, State and Zip: _____
 Interest: _____