

PLEASE PROVIDE ANNUAL SALES FOR FOOD AND ALL ALCOHOLIC BEVERAGES (LIQUOR, BEER, AND WINE)

	Alcohol On-Premises Sales	Alcohol Take-Out Sales	Food Sales	Other Sales*	Total Sales
Next 12 Months	\$	\$	\$	\$	\$
Past 12 Months	\$	\$	\$	\$	\$

*Describe other sales (i.e. catering, gaming, admissions – if catering provide breakout between food & alcohol):

If there are on-premises and take-out alcohol sales, does the applicant keep separate sales records for on-premises and take-out alcohol sales?

PREMISE SAFETY INFORMATION

1. Does the applicant have a building maintenance program?
2. Is the building sprinklered?
3. Are all exits properly marked and lighted?
4. Is a secondary means of egress (exits) provided for each floor having public access?
5. Does the applicant have generators in place to protect stock in the event of a power outage?
6. Are all smoke detectors properly maintained?
7. Is there a fire extinguishing system in the kitchen?
8. Are there any apartments or other type of occupancies in the building?
9. Does the kitchen have a deep fat fryer?
 - If so, is it protected by an automatic fire extinguishing system?
 - Is this system UL 300/NFPA compliant?
 - Is system wet?
 - Is this system equipped with automatic fuel shutoffs?
10. Is a cleaning of the hood and duct system performed at least every 6 months?
 - Is the hood and duct system cleaned by an outside contractor?
 - Does the applicant receive a certificate of insurance from the contractor?
11. Is the kitchen equipped with UL listed grease extractors?
12. What is the frequency of cleaning of the grease extractors? Weekly Monthly Annually Other: _____
13. Does the applicant have any mechanical rides, climbing walls, foam machines or inflatables?
14. Does the applicant conduct any physical contests or events inside or outside the facility?
15. Is the risk located on a beach, vessel, dock or pier?
16. Has the applicant ever been cited for building code, health or liquor violations?
 - If Yes, describe citation: _____
17. Does the applicant perform regular sweeping/mopping and/or floor inspections?
 - Are logs kept for all cleaning operations?
18. Does the applicant contract snow/ice removal?
19. Does the applicant receive certificates of insurance from all contractors, subcontractors and suppliers?
20. Is the parking lot maintained and does it have adequate lighting?
 - If parking lot is under the insured's control, please provide the total area: _____
21. Do emergency exits have a release inside regardless of time of day/night, that will allow people to exit in case of emergencies?

LIQUOR LIABILITY INFORMATION (CONTINUED)

14. Does or will the applicant ever offer?
- Any drink specials/happy hours?
 - If yes: # of days per week: _____
 - Drink specials/happy hours lasting longer than 3 hours?
 - Drink specials/happy hours after 9:00pm?
 - Single drink servings larger than 24 ounces?
 - Complimentary drinks?
 - "All you can drink" specials?
 - "Flaming shots"
 - Vaporized Alcohol
 - Nitrogen Drinks
 - Are IDs checked at the door or at the time of service?
 - Are electronic devices used to verify integrity of ID presented?
15. Is BYOB permitted?
- If yes, does the establishment have a wait staff that actively monitors all alcohol consumption, and requests a valid ID from all patrons?
 - Are patrons permitted to bring hard alcohol on the premises?
16. Does the applicant allow games such as beer pong or other alcohol related games regardless if played with alcohol or water?
- If yes, describe: _____
17. Does the applicant participate in any poker run or pub crawl events?
- If yes, describe: _____
18. Does the applicant allow take out alcohol?
- If Yes, is the amount of take-out alcohol limited per order?
 - If Yes, explain: _____
 - What kind of container(s) is take-out alcohol served in? _____

SECURITY INFORMATION

- Does the applicant use bouncers, I.D. checkers or security personnel?
 - If Yes, how many are used during peak periods?
- Does the applicant hire any contracted security service?
 - If Yes, are certificates of insurance obtained and the applicant named as an additional insured?
- Are background checks completed on all security employees?
- Does the applicant engage off-duty police officers for work in or about the premises?
- Are firearms permitted or kept on-premises?
- Are incident logs documenting when a person was refused service or other alcohol-related events maintained?
- Does the applicant have video surveillance?
 - If Yes, how many days are video tapes kept?
- Has any law enforcement visited the premises over the previous 3 years?
 - If yes, describe incidents: _____



AUTOMOBILE INFORMATION

1. Is Hired and Non-Owned Auto Coverage Requested?
 - What limit of insurance is requested?
2. Are there any catering operations?
3. Does the applicant offer delivery by either employees or third-party service?
 - If Yes to question 2 or 3, are there any employee personal vehicles used?
 - # of personal vehicles used:
4. Does the applicant regularly review all driver's motor vehicle records for acceptability?
5. Does the applicant have valet parking services?
 - If Yes, is parking performed by a valet contracted service?
 - Are certificates of insurance obtained and is the applicant named as an Additional Insured?

SPECIAL EVENT INFORMATION

1. Does the applicant participate in any event off-premise?
 - If Yes, describe:
2. How many times in a year do you participate in events? _____
3. How many days on average do you participate in each event? _____
4. Do you serve alcohol during these events? _____
5. How many people, per event, attend? _____
6. Do you usually need additional insureds for these events?

The company Underwriter may have additional questions depending on the information provided on the event.

TENTS

1. Are there any tents or similar structures erected outside patron use?
 - If Yes, provide the sq ft. _____
2. What is the capacity allowed inside the structure? _____
3. Where is the structure located on your premise? _____
4. Indicate the months of the year this will be in use: _____
5. Who erected the structure? _____
 - Explain how it is secured: _____
6. Are you using heaters near or inside?
 - If yes describe the type of heater and how many are used: _____
7. What ventilation methods are used with the heaters? _____



PROPERTY SECTION (PLEASE COMPLETE IF PROPERTY COVERAGE IS REQUESTED)

- 1. Building Limit: \$ _____ RC or ACV: _____ Coinsurance: _____%
- 2. Contents: \$ _____ RC or ACV: _____ Coinsurance: _____%
- 3. TI & Betterments: \$ _____ RC or ACV: _____ Coinsurance: _____%
- 4. Business Income: \$ _____ E/E? Yes ___ No ___ at _____ Monthly Indemnity
- 5. Other: _____
- 6. Deductible Requested (\$1000 min.): \$ _____
- 7. Construction: _____ Year Built: _____ Protection Class: _____ Square Footage of Building: _____ Number of Stories: _____
 - a. Updates: Roof: _____ (year) Plumbing: _____ (year) Heat: _____ (year) Electric: _____ (year)
 - b. Exposures: (right) _____ (left) _____ (rear) _____
 - c. Is premises near or on the water?
 - If yes, please include distance _____ (feet/miles)
 - d. Smoke Detectors
 - e. Sprinkler Systems
 - If yes, what percent? _____%
 - f. Alarms: Fire Burglar Central Station Grade: _____

EMPLOYEE/HIRING INFORMATION

- 1. Do hiring procedures include background checks, job history and references?
- 2. Can cashiers tamper with customer's checks or register receipts?
- 3. Does the applicant have a written Sexual Harassment Policy?
- 4. What controls/procedures are in place to limit/control employee theft? _____

LOSS HISTORY

In the past 3 years, has the applicant had any Property, General Liability or Liquor Liability claims or incidents that might give rise to such a claim, whether insured or not?

- If Yes, please provide details: _____

	Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Opened/Closed)	Description of Incident/Claim
A			\$	\$		
B			\$	\$		
C			\$	\$		
D			\$	\$		



ADDITIONAL INSUREDS

Is coverage needed for Additional Insureds on the GL: A-None B-Mortgagee/Loss Payee C-Landlord D- Grantor/Franchisee

Name/Address/Interest: _____

Name/Address/Interest: _____

Name/Address/Interest: _____

Is coverage needed for Additional Insureds on the Property: A-None B-Mortgagee/Loss Payee C-Landlord D-Grantor/Franchisee

Name/Address/Interest: _____

Name/Address/Interest: _____

Name/Address/Interest: _____

CURRENT COVERAGE INFORMATION

1. Does the applicant carry General Liability insurance?

- If Yes, effective from: _____ to _____ Insurer: _____ Limits: \$ _____ Expiring Premium:\$ _____

Assault & Battery Excluded?

- If No, Limits: \$ _____

Has any insurer cancelled or non-renewed General Liability coverage in the past 3 years?

If yes, explain: _____

2. Does the applicant carry Liquor Liability insurance?

- If Yes, effective from: _____ to _____ Insurer: _____ Limits: \$ _____ Expiring Premium:\$ _____

Assault & Battery Excluded?

- If No, Limits: \$ _____

Has any insurer cancelled or non-renewed Liquor Liability coverage in the past 3 years?

- If Yes, explain: _____

3. Does the applicant carry Property insurance?

- If Yes, effective from: _____ to _____ Insurer: _____ Limits: \$ _____ Expiring Premium:\$ _____

Assault & Battery Excluded?

- If No, Limits: \$ _____

Has any insurer cancelled or non-renewed Property coverage in the past 3 years?

- If Yes, explain: _____

APPLICANT'S WARRANTY STATEMENT

I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

FRAUD STATEMENT

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 may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant _____ Title: _____ Date: _____

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant; and that the undersigned is retaining a duplicate signed copy hereof.

Retail Agency: _____ City: _____ State: _____ Ph: _____

Retail Agency Signature: _____ Date: _____