

PLEASE SEND COMP	LETED QUESTIONN	IAIRE TO: SUBMISS	IONS@ISCMGA.CO	OM (NO ACORD REQ	UIRED)	
Type of Application:	New Renew	/al		Expiring Policy #	·	
				Surplus Lines Pro	ducer:	
Requesting quote for:	GENERAL LIABILITY			City/State:		
		& LIQUOR LIABILITY OR LIABILITY & PROPI	FRTY)	Contact:		
	171010102 (02, 2100	OK EI/KBIEITT GT KOT				
Desired Policy Period:	From:	То:				
GL Limit requested:	\$300,000/\$600,000	\$500,000/\$1MM	\$1MM/\$2MM			
Liquor Limit requested: A&B Limit requested:	\$100,000/\$100,000 \$25,000	\$250,000/\$250,000 \$50,000	\$300,000/\$300,000 \$100.000	\$500,000/\$500,000 \$300,000	\$1MM/\$1MM \$500,000	\$1MM/\$2MM \$1 MM
A&B LITTIC Tequested.	\$25,000	\$30,000 	\$100,000	\$300,000	3300,000	φι ινιινι ———————————————————————————————
APPLICANT INFORMA	ATION					
1 Applicant:		DRΔ·				
2. Mailing Address	(Legal Entity Name)	DDA	 			
4. Loss Control Contact	t:	Phone: _				
5. Website:						
6. Type of Entity:	Corporation Inc	lividual Partnersh	nip Joint Venture	e LLC		
7.Is the applicant a me	•		•			
• •			on or similar profession	orial organization:		
• II Yes, which c	organization?					
GENERAL OPERATIO	NS INFORMATION					
1. Description of Opera						
Restaurant	Pub/Tavern W	ine Bar Nightclu	ıb/Lounge Bi	illards	Sports Bar (N	o Entertainment
Microbrewery	Cigar Bar Cr	aft Beer Adult Clu	ub P	ackage Good Store		
_						
2. Hours & Days of Op						
3. Maximum Capcity:			Patio:			
4. Date business start		•				
5. Number of years ex					•.	
6. Number of employ					urity:	- 2
8. Is your operation p	•	reen or Under 21 high	its, or permit custor	mers under the age of 2	zi in the bar area	d (
9. Do you offer table s	=	Do you have table serv	vico?			
10. Is there any cooking	_	-	vice:			
11. Median Age of Pat		.s.; 25-30% 30-40)% 40 and c	Wer %		
12. Is there sponsorshi			+0 and C	, , <u>, , , , , , , , , , , , , , , , , </u>		
14. Does the applicant						
■ If Yes, please o	describe:					
15. Do college student	ts frequent the applic	ant's establishment?				
		the applicant's evening				
16. If Adult Club, is full	l nudity allowed?	Do you allow und	er 21?			

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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?

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If applicant has more than 1 location, specify location number applicable to each form of entertainment
··
1. Does the applicant have entertainment?
■ If Yes, check ALL that are applicable below:
Juke Box DJ: # of days per week: Karaoke: # of days per week: Solo musician/vocalist: # of days per week:
Exotic/go-go dancers/adult entertainment Stage/floor show or contests; describe:
Live Band: #of days per week: Other; describe:
2. If the applicant has bands or DJs as part of the entertainment, are pyrotechnics allowed?
3. Type of music: Top 40 Country Classic Rock & Roll Soft Rock Jazz Alternative Rap R&B Disco
Background/Ambiance Music Other:
4. Is dancing allowed?
■ If Yes, # of days per week:
Size of dance floor:square feet
5. Do you move tables to create a dance space?
If Yes, provide sq ft of space and number of days used:
6. How often is the floor inspected for slip and fall hazards? Is the floor raised?
If Yes, does it have a railing around the entire floor?
7. Does the applicant have any of the following?
Pool Tables If Yes, how many :
Arcade Games If Yes, how many :
Gambling Machines If Yes, how many:
Mechanical Riding Machines If Yes, describe:
Sports Facilities on premises i.e. volleyball, softball, basketball, swimming pool, etc. ? If Yes, describe:
LIGHOD HARHITY INFORMATION
LIQUOR LIABILITY INFORMATION
LIQUOR LIABILITY INFORMATION 1. Name of Liquor License Holder & License Number:
1. Name of Liquor License Holder & License Number:
1. Name of Liquor License Holder & License Number: 2. Lowest Beer price offered, not including happy hour or other promotions (check only one): \$1-\$1.99 \$2-\$4.99 \$5+
1. Name of Liquor License Holder & License Number:
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1. Name of Liquor License Holder & License Number:
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12. Does the applicant have a drive-through operation for the sale of alcohol?

13. Does or will the applicant ever offer bottle service or set-ups?



14. Does or will the applicant ever offer?
a. Any drink specials/happy hours?
■ If Yes: # of days per week:
b. Drink specials/happy hours lasting longer than 3 hours?
c. Drink specials/happy hours after 9:00pm?
d. Single drink servings larger than 24 ounces?
e. Complimentary drinks?
f. "All you can drink" specials?
g. "Flaming shots"
h. Vaporized Alcohol
i. Nitrogen Drinks
j. Are IDs checked at the door or at the time of service?
k. Are electronic devices used to verify integrity of ID presented? Yes No
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
1. Does the applicant use bouncers, I.D. checkers or security personnel?
■ If Yes how many are used during peak periods?

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

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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?

7. What ventilation methods are used with the heaters? ___

- 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 depend	ding on the information provided on the event.

TENTS

i. 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:
• If yes describe the type of heater and how many are used:

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2. C	uilding Limit:	\$		RC	or ACV:		Coinsurance:%	
	ontents:	\$		RC	or ACV:		Coinsurance:%	
3. TI	l & Betterments:	: \$		RC	or ACV:		Coinsurance:%	
	usiness Income: other:			Yes No	at Mo	onthly Indemnity		
	eductible Reque							
	·	* -	•		s. Square Foo	tage of Building	Number of Stories:	
					3			
	•		-			•	,	
	b. Exposures: (right) (left) (rear) (rear) c. Is premises near or on the water?							
	■ If yes, pleas	se include dista	ance (fe	et/miles)				
d.	Smoke Detecto	rs						
e.	Sprinkler Syster	ms						
	If yes, what	t percent?	%					
f. /	Alarms: Fire	Burglar	Central Sta	ation Grad	de:			
MDI	LOYEE/HIRING	EINEODMATI						
IVIPI	LOTEL/IIIRINO	THEORMAIN						
	o de faile de la companya de			alaa dala labasaa				
1. Do hiring procedures include background checks, job history and references?								
	2. Can cashiers tamper with customer's checks or register receipts?							
				_	•			
3. D	oes the applicar	nt have a writte	en Sexual Haras	ssment Policy?				
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ADDITIONAL INSUREDS					
Is coverage needed for Additional Insure Name/Address/Interest: Name/Address/Interest:					
Name/Address/Interest:					
Is coverage needed for Additional Insure Name/Address/Interest: Name/Address/Interest: Name/Address/Interest:					
CURRENT COVERAGE INFORMATIO	N				
1. Does the applicant carry <i>General Liab</i> If Yes, effective from: Assault & Battery Excluded? If No, Limits: \$	_ to		Limits: \$	Expiring	Premium:\$
Has any insurer cancelled or non-ren		, ,			
If yes, explain:	ility insurance´	>		Expiring	Premium:\$
If No, Limits: \$Has any insurer cancelled or non-renderedIf Yes, explain:	ewed Liquor Li	-	·		
3. Does the applicant carry <i>Property</i> ins If Yes, effective from:	to ewed Property	coverage in the	past 3 years?		g Premium:\$
APPLICANT'S WARRANTY STATEME	NT				
I warrant that the information provided in this Applic information provided in this Application is material to incident, occurrence, event or material change in the the insurance policy applied for which would render in writing to the Company and the Company may with insurance. Company may, but is not required, to make limit such investigation does not constitute a waiver	o acceptance of the Applicant's operation inaccurate, untrue of thdraw or modify ar te investigation of the	risk and the issuance of on taking place betwe r incomplete, any info by outstanding quotati e information provide	of the requested policy by Compa en the date this application was rmation provided in this Applicat ions and/or void any authorizatio	any. I agree that any claim, signed and the effective da tion, will immediately be re n or agreement to bind the	ate of ported
FRAUD STATEMENT					
Any person who knowingly presents a false or frauduinsurance may be guilty of a crime and may be subje			or knowingly presents false infor	mation in an application fo	or
Signature of Applicant		Title:	Date:		
The undersigned hereby warrants and certifies that a completed copy hereof has been given to the Applic				nd then signed by the Appl	cant; that a
Retail Agency:					_
Retail Agency Signature:		Date:			

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