



Nightclub Application

* Must complete a separate application for each location

800 Yamato Road Suite 100
Boca Raton FL, 33431
Phone: (800) 338-2680
Fax: (561) 226-1123
Website: www.niuw.com

Applicant Information

Corporate Name:		Trading Name:	
Mailing Address 1:		Phone:	Fax:
Mailing Address 2:		Web Site:	
City:	State:	Zip:	Tax ID:
1. Applicant is: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other			
2. Description: <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Sports Pub <input type="checkbox"/> Lounge <input type="checkbox"/> Nightclub <input type="checkbox"/> Live Music Venue <input type="checkbox"/> Adult Entertainment Club			
3. Has the applicant or any active partner filed for bankruptcy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the applicant or any owner or principal ever been convicted of a felony?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Owner Information

Name:		Email:	
Phone:	Ext:	Cell Phone:	Fax:
Years of experience owning or managing similar type of operation. (i.e. nightclub, live music venue, lounges, etc.)			

General Manager Information

Name:		Email:	
Phone:	Ext:	Cell Phone:	Fax:
Years of experience owning or managing similar type of operation. (i.e. nightclub, live music venue, lounge, etc.)			

Bookkeeper Information

Name:		Email:	
Phone:	Ext:	Cell Phone:	Fax:

Security or Night Manager Information

Name:		Email:	
Phone:	Ext:	Cell Phone:	Fax:
Years of experience:		Training:	

Broker Information

Broker Name:		Broker Contact:	
Mailing Address 1:		Phone:	Fax:
Mailing Address 2:		Web Site:	
City:	State:	Zip:	Email:

Coverage Information

Proposed Effective Date:	Proposed Expiration Date:
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Please Select the coverage/s desired

General Liability Coverage

General Liability (\$ 1M. per Occurrence, \$ 2 M. General Aggregate)

Assault and Battery (_____) Sub-limit

H&N/O Auto (HNOA) (\$300,000 Sub-limit)

Excess Liability, Limits requested: _____

Liquor Coverage (\$ 1 M. per occurrence, \$ 1 M. General Aggregate)

Property Coverage

Employment Practices Liability, Limits Requested: _____

Prior Coverage Information

1. Within the past 5 years has the applicant's general or liquor liability coverage been cancelled or non-renewed?
 Yes No – If yes, please explain:

2. Within the past 5 years has the applicant's property or crime coverage been cancelled or non-renewed?
 Yes No – If yes, please explain:

Prior Coverage Information (3 Years History)

Coverage	Year	Prior Carrier	Prior Premiums
Liability			
Liquor			
Excess			
Property			

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Please be advised, in order for application to be processed the applicant must provide three (3) years hard copy, currently-valued, company-issued loss runs.

Prior Loss History (3 Years History)

Has the applicant had any losses, Claims, or Lawsuits in past 3 years? Yes No
If yes, please provide detailed loss explanation for each:

Building Information

1. Building Interest: Owner Tenant - if Tenant, part occupied _____ %
If the owner has a separate entity that owns the building, then check the tenant box and supply the % occupied.
2. Square Footage: _____ 3. Protection Class: _____
4. Construction: Masonry Joisted Masonry Masonry NC Frame Other: _____
5. Alarm Protection: Central Station Local Other: _____
6. Fire Protection: Sprinklers Hood Extinguisher Automatic Cut-off Other: _____
7. Are there hard wired smoke or heat detectors used in all public areas? Yes No
8. Are there other occupancies in the building? Yes No
If yes, please check all that apply: Commercial Retail Residential
9. Are there any vacancies in the building? Yes **NO** If yes – what percentage of the building? _____ %
10. is the property seasonal? Yes No If yes – please provide months closed: _____
11. Is the property within 250 yards of any body of water? Yes No if yes, please provide details: _____
12. Is there cooking on premises? Yes No
If yes, is the cooking area, hood and duct system protected by fire extinguishing system? Yes No
13. Does the applicant have written agreement in place for grease removal, hood, duct, and filter cleaning with an outside cleaning company? Yes No
If yes, is the hood and duct system serviced at least every 6 months? Yes No
14. Is there any table side cooking or food preparation? Yes No

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Nightclub Information

General Section:

1. Hours of Operation – Weekday:		2. Hours of Operation – Weekend:	
3. Does the applicant ever engage in 24 hour operations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Will the applicant ever be opened to patrons after 4 am? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide complete explanation:			
5. Cover Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Estimated # of patrons admitted weekly:	
7. Maximum Occupancy:	8. Coat Room? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Valet Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Parking Lot? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. How many Spaces?	
12. Is parking lot used for special events? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. Details of parking lot special events:			
14. Gross Receipts:	15. Alcohol Receipts:	16. Door cover charge receipts:	
17. Food Receipts:	18. Other Sales:	19. Gross Payroll:	
20. Total Officer salaries:	21. # Full Time Employees	22. # Part Time Employees	
23. Has the insured ever been cited by the Board of Health? <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Is there an employee Handbook? <input type="checkbox"/> Yes <input type="checkbox"/> No			
25. Does the applicant use leased employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
26. Is the applicant's current practice to collect certificates of insurance from all contractors and renters? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: a) Does the applicant confirm these certificates for evidence of coverage with equal or greater limits to the applicant's policy? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Does the applicant confirm these certificates to include the applicant's entities and their landlord entities, etc as additional insured? <input type="checkbox"/> Yes <input type="checkbox"/> No			
27. Does the applicant engage in off-premises catering events? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the percentage of total receipts from off premises catering: _____ %			
28. Does the applicant engage in facility or room rentals for private events? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the standard written rental agreement used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes – please provide copy			

Entertainment Section:

29. Is there entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select all that apply and provide frequency:	
<input type="checkbox"/> DJ	_____
<input type="checkbox"/> Comedy Acts	_____
<input type="checkbox"/> Karaoke	_____
<input type="checkbox"/> National Touring Acts/Bands	_____
<input type="checkbox"/> Local Acts/Bands	_____
<input type="checkbox"/> Other – Describe:	_____
30. Is there dancing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes,	



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- a) What type of dance floor (select all that apply): Stages Raised Floor Sectioned Area General Area
b) Does the applicant allow anyone to dance or stand on any raised equipment, including but not limited to speakers, etc., or furniture, including but not limited to chairs, tables, the bar, etc? Yes No

31. Does the applicant have or plan to have in the future any of the following entertainment devices on premises:
 Yes No If yes, please select type and provide count: Video Games # _____ TV's # _____
 Pool tables # _____ dart Boards # _____ Other: _____

32. Does the applicant have or plan to have in the future any of the following interactive amusement devices on premises: Yes No If yes, please select type that apply: Mechanical Bull or Surfboard
 Inflatables Trampolines Foam Machines Climbing Walls Dunk Tanks
 Other Describe: _____

33. Does the applicant ever allow pyrotechnics on the premises? Yes No

34. Does the applicant ever have or plan to have any type of stunt activity on premises? (Stunt activity includes, but not limited to any type of acrobatics, carnival acts such as flame or sword swallows, etc.)
 Yes NO If yes, please provide a detailed description of any & all stunt activity to occur during the policy period.

Liquor Section:

35. Does the applicant have a valid liquor license? Yes No If yes,
Name on license: _____ License #: _____

36. Are all alcohol servers certified in a Formal Alcohol Awareness Training Course? Yes No
If yes, please provide the name (TIPS, TAM, SMART, etc.)

37. Does the applicant allow persons other than employees trained in their Formal Alcohol Awareness training program to serve alcohol to patrons? (i.e. Guest Bartenders, etc) Yes No If yes, please explain:

38. Does the applicant ever permit or sponsor alcohol consuming games (Beer pong, Flip cup, etc.) or permit the use of alcohol consumption enticing equipment (Beer Bongos, Funnels, etc.) Yes No

39. Does the applicant permit "BYOB" on premises? Yes No

40. Does the applicant have package alcohol ales for off-premises consumption? Yes No

41. Does or will applicant engage in any of alcohol promotions during the policy period? Yes No If yes,
a) Please provide full details regarding any type of alcohol promotions, including but not limited any current or future plans for happy hours, nightly price reductions, ladies nights, reduced covers, etc.

- b) Do the applicant's alcohol promotions ever include or they plan to include in the future any of the following (Select all that apply :)
- Open Bras/All you can drink specials (other than during facility or private rentals)
 - Reduced drink prices for more than 3 hours
 - Any drink prices reduced to \$1.00 or less



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Property Information

1. Please provide the year of last complete update/renovation to:
Roof: _____, Electrical: _____, Plumbing: _____, Heating: _____

2. Does the electrical system have aluminum or knob & tube wiring? Yes No

3. Is the plumbing completely PVC or Copper? Yes No

4. Type of Roof: Flat or Pitched Box

5. Type of roof covering: Rolled Tar & Gravel Shingles Other

6. Have there been any losses from sewer or water back-up? Yes No If yes, please provide details: _____

7. What is the applicant cash deposit frequency? Daily or Other – please provide detail: _____

8. Is there a safe on premises? Yes No If yes, what type: Drop Safe or Class C

9. What is the maximum cash on hand? \$ _____

10. Does the applicant have any entities that need to be listed as mortgagees or loss payees? Yes No
Please list:

a. Name: _____ Relationship: _____
Address: _____
City/State/Zip _____

b. Name: _____ Relationship: _____
Address: _____
City/State/Zip _____

c. Name: _____ Relationship: _____
Address: _____
City/State/Zip _____

FRAUD STATEMENT: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

WARANT: THE UNDERSIGNED REPRESENTS AND WARNTS, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, BASED ON REASONABLE INQUIRY, THAT THE PARTICULARS AND STATEMENTS SET FORTHON THIS APPLICATION ARE TRUE, CORRECT AND ENTIRELY COMPLETE, AND THERE ARE NO OTHER RISK FACTORS THAT HAVE NOT BEEN DISCLOSED HEREIN. IF ANY PARTICULARS OR STATEMENTS ARE MATERIALLY MISREPRESENTED OR MATERIAL INFORMATION HAS BEEN OMITTED INTENTIONALLY OR ACCIDENTALLY, SUCH MISREPRESENTATION OR OMISSION WILL VOID ANY ISSUED COVERAGES AND THE INSURANCE COMPANY WILL HAVE NO DUTY TO DEFEND ANY CLAIMS, PAY ADAMAGES, OR PAY SUMS OR PERFORM ACTS OR SERVICES. THE UNDERSIGNED AGREES AND ACKNOWLEDGES THAT THE PARTICULARS AND STATEMENTS SET FORTH HEREIN ARE MATERIAL TO THE ACCEPTANCE OF THE RISK ASSUMED BY THE INSURANCE COMPANY AND THAT THE INSURANCE COMPANY IS RELYING UPON THE TRUTH AND COMPLETENESS OF THE RISK FACTORS DISCLOSED HEREIN. IT IS AGREED BY THE UNDERSIGNED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED HEREWITH, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF THE POLICY. IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE UNDERWRITER IMMEDIATELY IN WRITING AND THE UNDERWRITER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR PROPOSAL.

Signature of applicant _____ Title: _____ Date: _____
(Must be Owner, Officer or Partner)

SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT INSURANCE OFFERED.