



**RESTAURANT/TAVERN/ADULT ENTERTAINMENT
SUPPLEMENTAL APPLICATION**
No Binding until authorized by Company

Applicant: _____

Previous carrier: _____ Policy number _____ Exp. Date _____

BUSINESS INFORMATION

List all owners and partners _____

Currently open for Business Yes No **If No, coverage cannot be bound.**

Number of years at this location under current ownership _____

Total years in Restaurant/Tavern management _____ Total years in Restaurant/Tavern ownership _____

Total Receipts \$ _____ Alcohol Receipts \$ _____ Admission Receipts \$ _____

Days of Operation _____ Hours of Operation _____

Is property for sale? Yes No Is operation seasonal? Yes No

Has applicant ever been involved in bankruptcy or liquidation? Yes No If Yes, explain _____

Has applicant had any citation or violation from any local or state regulatory authorities? Yes No If Yes, explain _____

PREMISES INFORMATION

Premises Address _____

Distance to ocean/bay/gulf _____

Is parking lot under insured's control? Yes No If Yes, sq. ft. _____

Is parking for customer only? Yes No If No, explain _____

Is valet parking provided? Yes No If Yes, by employees Yes No By service Yes No

Building sq. ft. _____ Occupied sq. ft. _____ Customer sq. ft. _____

Age of Roof _____ Date of upgrades: Plumbing _____ Wiring _____ Heating _____

Are renovations taking place? Yes No If Yes, explain _____

Indicate which of the following are occupants of the building (if applicable): Rooming Boarding Hotel

Apartments Yes No If Yes, number _____ Describe heat source _____

Vacancies in building Yes No If Yes, number _____ Condition of building _____

Are facilities rented out? Yes No If Yes, number of times per year _____

Does applicant serve any raw seafood? Yes No If Yes, explain _____

Has there been any incidents involving assault & battery in the past 3 years? Yes No If Yes, explain _____

ENTERTAINMENT

Is there entertainment? Yes No If Yes, what type/how often _____

Is there dancing? Yes No If Yes, size of dance area/# of nights _____

Is there exotic dancing? Yes No If Yes, how many dancers per shift _____

Amusement devices? Yes No If Yes, what type/how many _____

Mechanical devices? Yes No If Yes, what type/how many _____

Gaming devices/tables? Yes No If yes, what type/how many _____

Pool tables? Yes No If Yes, how many _____

Bouncers? Yes No Security Guards? Yes No **If Yes to either, check for eligibility.**

Are bouncer off-duty policemen? Yes No If No, describe training _____

I.D checkers Yes No

Any weapons on premises? Yes No

Any teen nights? Yes No **If yes, coverage can not be bound.**

Any flaming shots/Shows? Yes No

COOKING – If None, check here

Is there an automatic suppression system? Yes No **If No, risk does not qualify for coverage.**
Does the system protect: All Hoods and Ducts? Yes No Griddles? Yes No
Deep Fat Fryers? Yes No Open Flame? Yes No B-B-Q Pits? Yes No
Does the applicant have a service contract for automatic fire extinguishing system? Yes No
Date last cleaned _____ Frequency of cleaning _____

Is there an automatic fuel shut off device? Yes No **If No, risk does not qualify for coverage.**
Does the applicant have any outside commercial cleaning contract for the hood and duct system? Yes No
Date last serviced _____ Frequency of cleaning _____
Any off premises catering? Yes No If Yes, explain _____ % of total receipts _____

LIQUOR LIABILITY

Previous carrier _____ Exp. Date _____
Policy Number _____ Claims Made _____ Occurrence _____
Ever cancelled or non-renewed? Yes No If Yes, explain _____
Has applicant ever been fined or cited for violation of law or ordinance relating to the sale of alcohol? Yes No
If Yes, explain _____
Average age of clientele _____ What is the seating capacity _____
Number of bartenders _____ Number of servers _____
Name, address and telephone number of person who keeps books _____
Does applicant have any promotional events? Happy hour _____ Ladies night _____
Other, explain _____
Have alcohol servers received certified training? Yes No If Yes, by who _____

NOTICE TO APPLICANT

A 25% Minimum Earned Premium will be charged on cancellations made at the insured's request, including non-payment cancellations.

Signing this application does not bind the applicant or the company to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

The undersigned hereby warrants that he/she is the authorized representative of the applicant with authority to make this warranty and to execute this application. Further, the undersigned does hereby acknowledge that he/she has read the above and agrees that to the best of his/her knowledge and belief the information supplied fully represents the true statement of fact.

Warning– 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.

Authorized Representative : _____
Title: _____

AGENT INFORMATION

Licensed Agent/Producer's Signature _____ Date Signed _____
Agency Name _____
Agency Address _____
Agent's License # _____ Surplus Lines License # _____
Telephone Number (_____) _____ Facsimile (_____) _____