



Restaurant/Bar Application

Corporate Name of Applicant _____

Trading Name _____

Address of Applicant _____ City _____

County _____ State _____ Zip Code _____

Web Address _____

Mailing Address (If Different)

Current Company _____ Renewal Date _____ Current Premium \$ _____

This Owners/Shareholders Information Must Be Entered To Bind Coverage

Owners Name (Principal) _____ SS # _____ D/O/B _____

Home Address _____

Home Phone # _____ Business Phone # _____

If more than one owner, list all on back page. All owners/shareholders must complete to bind.

Business Information

Applicant is a: Corporation _____ Partnership _____ Individual _____ Other _____

Applicant is a: Restaurant _____ Diner _____ Tavern _____ Night Club _____ Banquet Hall _____

Other (Please Specify) _____

Applicant is located in: City _____ Small town _____ Rural area _____ Other _____

Years at this Location _____ # of years in Restaurant/Tavern Business _____

Federal EIN # _____ Liquor License # _____

Legal Bldg. Occupancy _____

If less than 3 years at this Location, list previous experience

Operations Section

Is Applicant Open Now Yes _____ No _____ If "No", Explain

Hours of Operation From _____ To _____ # of Days per Week

Is Applicant a Seasonal Operation Yes _____ No _____ If "Yes", Explain

Distance to Ocean or Nearest Body of Water _____

Is Risk Eligible for Windstorm Pool? _____

Financial Information

Is Owner or Corporation now or ever involved in: Bankruptcies _____ Foreclosures _____
Tax Liens _____ Business Failures _____ Any Litigations _____
If Yes, Please Explain _____

Physical Plant Section

Age of Building _____ Construction Type _____ Protection Class _____
of Stories _____
Age of: Wiring _____ Plumbing _____ Heating _____ Roofing _____
Smoke Detectors Yes _____ No _____ If "Yes", Electric _____ Battery Power _____
Fire Alarm Yes _____ No _____ If "Yes", Type: Central Station _____ Local _____
Burglar Alarm Yes _____ No _____ If "Yes", Type: Central Station _____ Local _____
Sprinkler System Yes _____ No _____ If "Yes", Age _____ Type:Wet or Dry System? _____
Kitchen Fire Protection: Yes _____ No _____
U.L. Approved Automatic Extinguishing System under Semiannual Contract _____
Above System Covering All Cooking Surfaces _____
System Name _____ Wet or Dry System _____
Automatic Gas or Electric Shut Offs for Cooking Yes _____ No _____
Hood and Filters Cleaned Weekly by Staff _____
BC Extinguisher Available in Kitchen _____
Hoods and Ducts Over All Cooking Equipment _____
Hoods and Ducts Maintenance Contract Schedule # Month _____

Entertainment Section

Entertainment Yes _____ No _____ If "Yes", ENTIRE Section MUST be Completed
Nights w/Ent. Fri ___ Sat ___ Sun ___ Mon ___ Tue ___ Wed ___ Thu ___ Clientele Avg. Age _____
Type of Entertainment Rock Group _____ DJ _____ Band (Any Kind) _____ Go-Go _____ Karaoke _____
Other (Please Describe) _____
Dance Floor or Stage Exist Yes _____ No _____ Is Dancing Permitted Yes _____ No _____
Amusement Devices (Pool Tables, Video Games, etc.) Yes _____ No _____ If "Yes", # _____
Description _____

Liquor Legal Liability Section

Does Applicant Serve Alcohol Yes _____ No _____ If "Yes", Entire Section MUST be Completed
Does Applicant Have Liquor License Yes _____ No _____ If "Yes", Type and # _____
Does Applicant Sell Package Goods Yes _____ No _____ If "Yes", % of Liquor Receipts _____
%
of Bar Seats _____ Max # of staff per shift: Bartenders _____ Wait Staff _____ Avg. Employment Exp. _____
yrs
Are Employees Given Liquor Training Yes _____ No _____ If "Yes", Explain Type and When Trained _____
Does Applicant Have Written Policy on Serving Alcohol for Employees & Customers Yes _____ No _____
Is Management Notified Prior to Shutting Off Patrons Yes _____ No _____
Is Documentation Kept on Each Incident Yes _____ No _____
of Bars on Premises _____ Is There a Steady Bar Clientele Yes _____ No _____
Is There a Happy Hour Yes _____ No _____ Reduced Price Drinks Yes _____ No _____
Is a Last Call Given Yes _____ No _____ If "Yes", What Time _____
Have There Been Any Liquor Board Violations Yes _____ No _____ If "Yes", List ALL Violations _____

Property Section

Does Applicant Own Building Yes ____ No ____ Is Applicant Required by Lease to Insure Building Yes ____ No ____
Building Limit _____ Co-Ins % _____ ACV _____ R/C _____
Deductible _____
Contents Limit _____ Co-Ins % _____ ACV _____ R/C _____
Deductible _____
Business Income Limit _____ Contribution or Co-Ins % _____
Waiting Period: 72 Hours
Loss of Rents Limit _____ Co-Ins % _____ Deductible _____
Cause of Loss: Basic _____ Special _____
Employee Dishonesty Limit _____ Deductible _____
Property Enhancement Endorsement Requested Yes ____ No ____ (See Web Site for Coverages)
Other Property Coverage Requested _____

Liability Section

General Liability Limit _____
Aggregate _____
Liquor Liability Limit _____
Aggregate _____
Receipts: Food _____ Liquor _____ Other _____ Total _____
Square Footage: Building _____ Restaurant _____ Table Seating Capacity _____
Off Premise Parking Yes ____ No ____ If "Yes", list address and square footage _____

On or Off Premise Catering / Banquet Yes ____ No ____ If "Yes", % of total Receipts ____ %
Describe Catering Operation _____
Lodging Operations Other than Apartments Yes ____ No ____ # _____
Apartments if Any _____
If "Yes", Describe: _____
Describe Any Other On or Off Premise Exposure NOT Listed Above _____

Security

Are Any Bouncers, Door Person or Security Used, if Yes Describe Type and Purpose: _____

Are Any Non-Employee Security Services Hired or Contracted, if Yes Describe Type and Purpose, and provide a copy of the contract: _____

In the Last 12 Months Have Any Emergency Services Been Called; i.e. Police, Ambulance, Fire
Yes ____ No ____
If "Yes", Explain _____

Non-Owned Automobile (Hired Auto Not Available)

Is Non-Owned Automobile Requested? Yes ____ No ____ **If Yes, Complete Entire Section**
Number of Employees _____ Does Applicant have a Business Auto Policy?
Yes ____ No ____
Any Delivery Use? Yes ____ No ____ List the Business Purposes the Non-Owned Auto will be Utilized for: _____

Additional Interests

Mortgagee and Address

_____ Check if None

Additional Insureds

_____ Check if None

Loss Payees

_____ Check if None

Claims Section

List ALL Claims for Each Section for the Past 5 Years. If None, Then Answer "None".

Property Claims

General Liability Claims

Liquor Liability Claims

Additional Owners/Shareholders Must Be Completed and Signed By All Owners/Shareholders To Bind

Name _____ Soc. Sec. # _____

Date of Birth _____

Name _____ Soc. Sec. # _____

Date of Birth _____

Name _____ Soc. Sec. # _____

Date of Birth _____

The signing of this application does not bind the Applicant nor any company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the acceptance of a contract. It is therefore the warranty of the undersigned that the information contained herein is true and correct, and it is hereby understood that the policy will be warranted based on this information. It is further understood that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. I hereby authorize RCA to run any credit reference checks in accordance with the Fair Credit Reporting Act (91-508), should they deem necessary.

Insured's Signature _____ Date _____

Insured's Signature _____ Date _____

Insured's Signature _____ Date _____

(Must Be Signed by All Owners/Shareholders to Bind)

Are you the controlling agent on this account? _ Yes _ No

Agent _____ Producer _____

Address _____ Phone # (____) _____

_____ FAX # (____) _____

Agent Signature _____ E-mail address _____