



RESTAURANT AND BAR SUPPLEMENTAL APPLICATION

SECTION A: Applicant Information

- Applicant Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Website: _____ Phone Number: _____
- Current company: _____ Renewal Date: _____ Current Premium: _____
- Owners name (principal): _____
Phone number: _____
- Proposed Effective Date: From: _____ To: _____ 12:01 A.M., Standard Time at Address of Applicant

SECTION B: Business Information

- Form of Insured's business:
☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____
- Insured's business type:
☐ Restaurant ☐ Diner ☐ Sports Bar ☐ Banquet Hall
☐ Night Club ☐ Tavern ☐ Other: _____
- Number of years in business at this location: _____
If less than 3 years at this location, please list previous experience: _____
Number of years the Insured has been in restaurant/tavern business: _____
- Hours of operation: From _____ to _____ Number of days per week: _____
- Is the Insured a seasonal operation? ☐ Yes ☐ No
If yes, please explain: _____
- Can the business/space be rented out? ☐ Yes ☐ No
If yes, please describe: _____
- Is business located within 5 miles of a college campus? ☐ Yes ☐ No
- Please state the average age of clientele and describe clientele: _____
- Liquor license number: _____
- Legal building occupancy: _____

SECTION C: Financial Information

- Is owner or corporation involved in or has owner or corporation ever been involved in the following:
☐ Bankruptcies ☐ Foreclosures ☐ Tax liens ☐ Business failures ☐ Any litigations
If any of the above are selected, please explain:

SECTION D: Building Information

- Building Construction type: _____ Protection class: _____ Number of stories: _____
- Is there a rooftop? ☐ Yes ☐ No
- Are there apartment units in the building? ☐ Yes ☐ No
If yes, how many units? _____

4. Write the ages of the following:

Building: _____
Wiring: _____
Plumbing: _____
Heating: _____
Roofing: _____

1. Does the Insured own the building? ☐ Yes ☐ No
2. Is the Insured required by lease to insure the building? ☐ Yes ☐ No
5. Does the business have smoke detectors? ☐ Yes ☐ No
If yes, are they electric or battery powered? _____
6. Does the business have a fire alarm(s)? ☐ Yes ☐ No
If yes, are they central station, local, or pull? _____
7. Does the business have a burglar alarm(s)? ☐ Yes ☐ No
If yes, are they central station or local? _____
8. Is the building sprinklered? ☐ Yes ☐ No
If yes, what percentage is sprinklered? _____
9. Does the business have kitchen fire protection? ☐ Yes ☐ No
10. U.L approved automatic extinguishing system under semiannual contract: _____
Above system covering all cooking surfaces: _____
System name: _____
Is it a wet or dry system? ☐ Wet ☐ Dry
11. Does the business have automatic gas or electric shut offs for cooking? ☐ Yes ☐ No
12. Are the hoods and filters cleaned weekly by staff? ☐ Yes ☐ No
13. Is a BC extinguisher available in the kitchen? ☐ Yes ☐ No
14. Are hoods and ducts over all cooking equipment? ☐ Yes ☐ No
15. Is there a maintenance contract schedule for hoods and ducts? ☐ Yes ☐ No
If yes, how often is the maintenance scheduled? _____

SECTION E: Entertainment Information ☐ N/A

1. Please select all nights with entertainment:
- ☐ Monday ☐ Friday
☐ Tuesday ☐ Saturday
☐ Wednesday ☐ Sunday
☐ Thursday
2. What type of entertainment is held:
- ☐ Rock group ☐ DJ
☐ Band (any kind) ☐ Karaoke
☐ Other (please describe): _____
3. Is there a dance floor or stage of any kind? ☐ Yes ☐ No
If yes, is it raised above the ground? ☐ Yes ☐ No
4. Are there any drinking games sponsored or allowed? ☐ Yes ☐ No
5. Are there any amusement devices (pool tables, video games, etc.): ☐ Yes ☐ No
If yes, describe: _____
6. Please describe any other forms of entertainment and any special effects used:

SECTION F: Liquor Legal Liability Information ☐ N/A

1. Does the Insured sell package goods? ☐ Yes ☐ No
If yes, state the percentage of liquor receipts: _____
2. State the number of bar seats: _____
3. Are employees given liquor training? ☐ Yes ☐ No
If yes, explain the type and when trained: _____
4. Does the Insured have written policy on serving alcohol for employees and customers? ☐ Yes ☐ No
5. Is management notified prior to shutting off patrons? ☐ Yes ☐ No
6. Is documentation kept on each incident? ☐ Yes ☐ No
7. State the number of bars on premises: _____
8. Are underage patrons allowed in the bar area? ☐ Yes ☐ No
9. Is there a happy hour? ☐ Yes ☐ No
If yes, what time does happy hour begin and end? _____
10. Is a last call given? ☐ Yes ☐ No
If yes, what time? _____
11. Does the Insured provide bottle service or sell whole bottles of hard liquor? ☐ Yes ☐ No
12. Have there been any liquor board violations? ☐ Yes ☐ No
If yes, list all violations:

SECTION G: Liability Information

1. Receipts:
Food: _____
Liquor: _____
Other: _____ → specify: _____
Total: _____
2. Is there on or off premise catering/banquet? ☐ Yes ☐ No
If yes, state the percentage of total receipts: _____
If yes, describe the catering operation: _____
3. Does the Insured offer valet parking? ☐ Yes ☐ No
If yes, is valet service operated by Insured or Independent Contractor? _____
If yes, are keys stored in a locked box? ☐ Yes ☐ No
4. Are there lodging operations other than apartments? ☐ Yes ☐ No
If yes, describe: _____
5. Please describe any other on or off premise exposure not listed above:

SECTION H: Security Information

1. Are there any security guards? ☐ Yes ☐ No
If yes, are they armed? ☐ Yes ☐ No
2. Are the security guards' employees or independent contractors? _____
3. Are security guards off duty police officers? ☐ Yes ☐ No
4. In the last 12 months, have any emergency services been called (police, ambulance, fire department): ☐ Yes ☐ No
If yes, explain:

SECTION I: Non-Owned Automobile Information (Hired Auto Not Available) ☐ N/A

1. State the number of employees: _____
2. Does the Insured have a business auto policy? ☐ Yes ☐ No
3. Any delivery use? ☐ Yes ☐ No
4. List the business purposes the non-owned auto will be utilized for:

SECTION J: Claims Information

1. List all claims over \$50,000 for each section for the past five years. If none, then answer "none":

Property claims:

General Liability claims:

Liquor Liability claims:

SECTION K: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____

Are you the controlling agent on this account? _____