

Physical Plant Section (cont'd)

Other Occupants: Yes No If Yes, Type: _____
Smoke Detectors: Yes No If Yes, Type: Electric Battery Power
Fire Alarm: Yes No If Yes, Type: Central Station Local
Burglar Alarm: Yes No If Yes, Type: Central Station Local Surveillance Cameras: Y N
Inside?: Y N Outside?: Y N Central Monitor?: Y N Archived for _____ #Mo's
Sprinkler System: Yes No If Yes, Age: _____ Type of System: Wet Dry
Volunteer Fire Department: Yes No Distance To: Hydrant _____ Fire Dept. _____
Kitchen Fire Protection: Y N U.L. Approved Automatic Extinguishing System under Semiannual Contract: Y N
Above System Covering All Cooking Surfaces: Y N System Name: _____ Wet Dry
Automatic Gas or Electric Shut Offs for Cooking: Y N Hood and Filters Cleaned Weekly by Staff: Y N
Hoods and Ducts Over all Cooking Equip.: Y N Hoods and Ducts Maintenance Contract Schedule #Mo: _____
Fire Extinguishers Tag Dates: _____ Is Kitchen Sub-leased?: Y N If Yes, Explain: _____
_____ Table Cooking or Tableside Cooking?: Y N If Yes, Explain: _____

Entertainment Section (ENTIRE Section MUST be Completed)

Entertainment: Yes No 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): _____ #'s of TV's: _____ Stage Exist?: Y N
Cover Charge: Yes No If Yes, Describe When & Why: _____
Dance Floor Exist?: Yes No Dance Floor Sq. Feet: _____ If No, is dancing permitted?: Yes No
Amusement Devices (Pool Tables, Video Games, etc.): Yes No If Yes, # and description: _____

Liquor Legal Liability Section (ENTIRE Section MUST be Completed)

Does Applicant Serve Alcohol?: Yes No If NO Liquor License is BYOB Permitted?: Yes No
Does Applicant Have Liquor License?: Yes No If Yes, Type and #: _____
of Bar Seats: _____ Max # of staff per shift: Bartenders _____ Wait Staff _____ Avg. Employment Exp. _____ yrs.
Alcohol Server Training?: Yes No If Yes, Explain Type and When Trained: _____
Does Applicant Have Written Policy on Serving Alcohol to 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?: _____
Are drink consumption games, contests, or drink enticing equipment permitted?: Yes No
Does or will the applicant offer Bottle Service sale of any alcohol products?: Yes No

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 \$: _____ (\$1,000 Min.)
Imp. & Betterments Limit \$: _____ Co-Ins %: _____ ACV R/C Deductible \$: _____ (\$1,000 Min.)
Contents Limit \$: _____ Co-Ins %: _____ ACV R/C Deductible \$: _____ (\$1,000 Min.)
Business Income Limit \$: _____ Co-Ins %: _____ Waiting Period: 72 Hours Extra Expense: Yes No
Loss of Rents Limit \$: _____ Co-Ins %: _____ Total Building Square Footage: _____
If Applicant is a Tenant Sq. Ft. of Occupied Space: _____ Cause of Loss: Basic Special Broad
Property Enhancement Endorsement Requested: Yes No
Other Property Coverage Requested: _____

Liability Section

General Liability Limit \$: _____ Aggregate \$: _____
Liquor Liability Limit \$: _____ Aggregate \$: _____
Is Lessors Risk Requested?: Yes No If Yes, Supply Sq. Ft.: _____ Business Occupant: _____
Receipts: Food \$: _____ Liquor \$: _____ Admission \$: _____ Other \$: _____ Total \$: _____
Are There Apartments?: Yes No If Yes, Number of Units: _____ Owner Occupied?: Yes No
Are There Lodging Operations Other Than Apartments?: Yes No If Yes, Describe: _____
Is there Waitress/Waiter Service?: Yes No If Restaurant, Table Seating Capacity: _____
Off Premise Parking?: Yes No If Yes, list address and square footage (or # of spaces): _____
Valet Parking by Owner?: Yes No By Valet Contractor?: Yes No If Yes Incl Cert w/CTS as named AI
On or Off Premise Catering/Banquet?: Yes No If Yes, % of total Receipts: _____ %
Any Teen Nites or Events Open to the Public?: Yes No **Describe Public Events and Operations on Page 5.**
Is there a Dock/Wharf?: Yes No If Yes, is there Water Taxi Service?: Yes No
Describe Any Other On or Off Premise Exposure **NOT** Listed Above: _____

Security

Any Persons Employed as Bouncers, Door Staff, ID Checker, Crowd Control or Security?: Yes No
If Yes, Number of Security/Bouncers on Any Shift: # _____ If Yes, Describe Type and Purpose: _____
_____ Any Non-Employee Security Services Hired or Contracted?: Yes No
If Yes, Describe Type and Purpose: _____
Are Firearms Kept or Permitted on Premises by Anyone Other Than Police Officers?: Yes No
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** # 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: _____

Claims Section

List **ALL** Claims for the Past 5 Years. If Yes, Describe Loss.

Property Claims: Yes No If Yes, Explain: _____

General Liability Claims: Yes No If Yes, Explain: _____

Liquor Liability Claims: Yes No If Yes, Explain: _____

Violations Section

Has the applicant been cited or incurred a violation for any health, fire or any other regulatory code/activity in the prior three years? Yes No If Yes, List and Describe: _____

Has the subject business, under the current or prior names, incurred any violations involving alcohol during or prior to your ownership? Yes No If Yes, list **ALL** violations on page 5 under comments.

Has any business owned in part or whole by you or your current partners incurred any regulatory violations involving alcohol? Yes No If Yes, list **ALL** violations on page 5 under comments.

Additional Interests

Mortgagees, Additional Insureds and Loss Payees are defined as Additional Interests.

There are Additional Interests listed on this Application and are by this acknowledgement included in the information that is warranted by the signature(s) below.

If the box above is not checked it is understood that there are no Additional Interests to this application.

Additional Insured for type choice Name: _____
Address: _____
City, State and ZIP: _____
Interest: _____

Additional Insured for type choice Name: _____
Address: _____
City, State and ZIP: _____
Interest: _____

Additional Insured for type choice Name: _____
Address: _____
City, State and ZIP: _____
Interest: _____

Additional Insured for type choice Name: _____
Address: _____
City, State and ZIP: _____
Interest: _____

Financial Information

Is Owner or Corporation now or ever involved in: Bankruptcies Yes No Foreclosures Yes No

Tax Liens Yes No Business Failures Yes No Any Litigations Yes No

If Yes, Explain: _____

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: _____

Name: _____ Soc. Sec. #: _____ Date of Birth: _____

Fraud Statement

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, and on any additional pages, if any, 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 per-son 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.

Insured's Signature: _____ Date: _____

Insured's Signature: _____ Date: _____

Insured's Signature: _____ Date: _____

Insured's Signature: _____ Date: _____

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

Agent: _____ Producer: _____

Address: _____ Phone #: _____

_____ FAX #: _____

Agent Signature: _____ E-mail Address: _____

Comments/Notes

