# BARS/RESTAURANTS/TAVERNS GENERAL LIABILITY APPLICATION

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| Applicant’s Name:    Mailing Address:    Location Address: | Agency Name:  Agent No.:  Address:    E-mail:  Phone No.: |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture

Limited Liability Company  Other (Specify)

**Website Address:**

**E-mail Address:**       **Phone No.:**

**Inspection Contact:**

**E-mail Address:**        **Phone No.:**

**Limits of Liability and Deductible Requested:**

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| --- | --- |
| General Aggregate (other than Products/Completed Operations) | $ |
| Products and Completed Operations Aggregate | $ |
| Personal and Advertising Injury (any one person or organization) | $ |
| Each Occurrence | $ |
| Damage to Premises Rented to You (any one premise) | $ |
| Medical Expense (any one person) | $ |
| Other Coverages, Restrictions and/or Endorsements: | $ |
| Deductible | $ |

**1. Classification of risk** (select all that apply):

Banquet facility  Bring your own bottle establishment  Disco  Membership club

Bar/Tavern  Cabaret  Country club  Fine Dining  Nightclub

Bowling center  Comedy Club  Deli  Gentlemen’s/Strip Club  Restaurant

**2. Annual gross sales:**

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| --- | --- | --- |
|  | **Past Twelve (12) Months** | **Next Twelve (12) Months** |
| Alcohol Sales |  |  |
| Food Sales |  |  |
| Gambling |  |  |
| Other |  |  |
| Total |  |  |

**3. Number of years in business:**

**4. Number of years under current management:**

**5. Opening and closing time per day:**

**6. Schedule of Hazards:**

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| --- | --- | --- | --- | --- |
| **Loc. No.** | **Classification Description** | **Class. Code** | **Exposure** | **Premium Basis**  (s) Gross Sales (p) Payroll (a) Area (c) Total Cost  (t) Other |
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**7. Are there any catering services available?**  Yes  No

If yes:  Off premises  On premises Gross sales: $

**8. Types of meals served:**  Full meals  Short order

**9. Square footage of bar/tavern/restaurant:**

**10. Is applicant a BBQ restaurant?**  Yes  No

**11. Is applicant a microbrewery that sells their products for off premises consumption?**  Yes  No

**12. Are facilities available for use or rent for private parties, receptions, banquets or similar affairs?**  Yes  No

If yes: Number of times per year:

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| --- |
| Describe: |

**13. Are patrons allowed to drink their own alcoholic beverages on the premises?**  Yes  No

If yes:

**a.** Are there procedures in place for handling violent or disruptive patrons?  Yes  No

**b.** Is there table service?  Yes  No

**c.** Does applicant also sell alcohol?  Yes  No

**14. Does applicant advertise or promote “happy hour” or other events when drinks are sold at a lower price than usual?**  Yes  No

**15. Does applicant subscribe to a taxi or other service providing transportation home to apparently intoxicated persons?**  Yes  No

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| If yes, describe: |

**16. Is there Hookah exposure (communal smoking)?**  Yes  No

If yes:

**a.** Any blending of tobacco by applicant?  Yes  No

If yes, what percentage of tobacco products:      %

**b.** Does applicant import any tobacco products?  Yes  No

If yes, what percentage of tobacco products:      %

**c.** Does applicant allow underage persons to purchase and/or use the products?  Yes  No

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| **d.** How often does applicant clean pipes, tubing and mouthpieces? |

**17. Entertainment:**

**a.** Is there any live entertainment on premises?  Yes  No

If yes: Number of times per week:

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| Describe: (include go-go dancers, topless, disco, exotic, female/male): |

**b.** Is there dancing?  Yes  No

If yes: Number of times per week:

Square footage of dance floor:

**c.** Does applicant have any mechanical or amusement devices?  Yes  No

If yes: How many?

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| Describe: |

**d.** Is there a minimum or cover charge?  Yes  No

**e.** Are there sports on the premises?  Yes  No

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| If yes: Provide complete details: |

**f.** Are sports sponsored off premises?  Yes  No

If yes: Number of times per week:

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| Give details: |

**g.** Does applicant sponsor any special events?  Yes  No

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| If yes: Describe: |

**h.** Is there any gambling?  Yes  No

If yes: Are there any “live” dealers?  Yes  No

Number of gambling machines:

**i.** Is there a play area for children?  Yes  No

**j.** Are there any drinking games (i.e., beer pong, flip cup)?  Yes  No

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| If yes: Describe: |

**k.** Are there any pub crawls (pedal bus or motorized)?  Yes  No

**l.** Does applicant own or sponsor party buses?  Yes  No

**m.** Are there any hatchet/axe throwing activities?  Yes  No

**18. Does applicant have parking area?**  Yes  No

If yes, is parking area well lit?  Yes  No

**19. Does applicant subcontract valet parking services on restaurant premises?**  Yes  No

If yes: Annual subcontract cost: $

Do subcontractors provide certificate of insurance with liability limits equal or greater than our   
applicant?  Yes  No

Do written contracts contain hold harmless agreements in favor of the applicant?  Yes  No

Does applicant require all subcontractors to include the applicant as an additional insured on the General Liability and Garage policies?  Yes  No

**20. Clientele:**

Local residents  Families  Retirement community  College students  Seasonal residents

Median age of patrons:  18-25  26-30  31-40  41 and over

Are premises located near a college or university?  Yes  No

**21. In the past five years, has applicant been cited by the Liquor Control Commission?**  Yes  No

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| If yes, give date(s) and full explanation: |

**22. Are police records and background checks conducted on employees?**  Yes  No

**23. Number of bouncers, doormen or security personnel:**

Are bouncers, doormen or security personnel employees?  Yes  No

Are bouncers, doormen or security personnel independent contractors?.................................................... Yes  No

If independent contractors, do they provide Certificates of Insurance and Additional Insured Endorsements to the applicant?  Yes  No

**24. Does applicant have Workers’ Compensation coverage in force?**  Yes  No

Total number of employees:

**25. During the past three years, has any company ever canceled, nonrenewed, declined or refused similar insurance to the applicant?** (Not applicable in Missouri)  Yes  No

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| If yes, explain: |

**26. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**  Yes  No

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| If yes, describe: |

**27. Does applicant have other business ventures for which coverage is not requested?**  Yes  No

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| If yes, explain and advise where insured: |

**28. Additional Insured Information:**

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| --- | --- | --- |
| **Name** | **Address** | **Interest** |
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**29. Prior Carrier Information:**

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|  | **Year:** | **Year:** | **Year:** |
| **Carrier** |  |  |  |
| **Policy No.** |  |  |  |
| **Coverage** |  |  |  |
| **Occurrence or Claims Made** |  |  |  |
| **Total Premium** |  |  |  |

**30. Loss History:**

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| **Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.**  Check if no losses in the last three years. | | | | |
| **Date of Loss** | **Description of Loss** | **Amount Paid** | **Amount Reserved** | **Claim Status (Open or  Closed)** |
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This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

AGENT NAME:       AGENT LICENSE NUMBER:

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| NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: |

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|  | IMPORTANT NOTICE |  |
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| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning  character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. | | |