



Mid Valley General Agency LLC
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BARS/RESTAURANTS/TAVERNS GENERAL LIABILITY APPLICATION

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:

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):

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Banquet facility | <input type="checkbox"/> Bring your own bottle establishment | <input type="checkbox"/> Disco | <input type="checkbox"/> Membership club |
| <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Cabaret | <input type="checkbox"/> Country club | <input type="checkbox"/> Fine Dining |
| <input type="checkbox"/> Bowling center | <input type="checkbox"/> Comedy Club | <input type="checkbox"/> Deli | <input type="checkbox"/> Gentlemen's/Strip Club |
| | | | <input type="checkbox"/> Nightclub |
| | | | <input type="checkbox"/> Restaurant |

2. Annual gross sales:

	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:

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

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:

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
 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
 - 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:..... _____
 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?..... _____
 Describe: _____

 - d. Is there a minimum or cover charge? Yes No
 - e. Are there sports on the premises? Yes No
 If yes: Provide complete details: _____

 - f. Are sports sponsored off premises?..... Yes No
 If yes: Number of times per week:..... _____
 Give details: _____

 - g. Does applicant sponsor any special events?..... Yes No
 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
 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
 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
 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
 If yes, describe: _____

27. Does applicant have other business ventures for which coverage is not requested?..... Yes No
 If yes, explain and advise where insured: _____

28. Additional Insured Information:

Name	Address	Interest

29. Prior Carrier Information:

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

30. Loss History:

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. <input type="checkbox"/> Check if no losses in the last three years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

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: _____

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

————— IMPORTANT NOTICE —————

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.