# 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:**

|  |  |
| --- | --- |
| 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:**

|  |  |  |
| --- | --- | --- |
|  | **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 |
|     |       |       |       |       |
|     |       |       |       |       |
|     |       |       |       |       |
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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:

|  |
| --- |
| 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:

|  |
| --- |
| 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

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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

**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 either employees or 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** |
|       |       |       |
|       |       |       |
|       |       |       |

**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 ofLoss** | **Description of Loss** | **AmountPaid** | **AmountReserved** | **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 SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

AGENT NAME:       AGENT LICENSE NUMBER:

*(*Applicable to Florida Agents Only)

IOWA LICENSED AGENT:

(Applicable in Iowa Only)

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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. |