

Restaurant/Bar/Tavern Application

Name Insured (Corp): _____ DBA (Name): _____
 Location Address: _____ City: _____
 County: _____ State: _____ Zip Code: _____ Email Address: _____
 Web Address: _____ Mailing Address (If Different): _____

Current Carrier: _____ Effective/Renewal Date: _____ Current/ Target Premium: _____
 Has Current Policy Been Cancelled or Non-Renewed: Yes ☐ No ☐ If Yes, Describe: _____

This Owners/Shareholders Information Must Be Entered To Bind Coverage

Owners Name (Principal): _____ SS #: _____ D/O/B: _____
 Home Address: _____
 Home Phone #: _____ Business Phone #: _____
 If more than one owner, list all on back page. All owners/shareholders must complete to bind.

Business Information

Applicant is a: Corporation ☐ Partnership ☐ Individual ☐ Other: _____
 Applicant is a: Restaurant ☐ Tavern ☐ Night Club ☐ Diner ☐ Banquet Hall ☐ Social Club ☐
 Other (Please Specify): _____
 # Years at this Location: _____ # Years in the Restaurant/Tavern Business: _____
 If less than 3 years at this Location, list previous experience: _____
 Federal EIN #: _____ Liquor License #: _____ Legal Bldg. Occupancy: _____

Operations Section Owner/Shareholder Must Complete to Quote

Is Applicant Open Now?: Yes ☐ No ☐ If No, Explain: _____
 Hours of Operation: From _____ To _____ # of Days per Week: _____
 Is Applicant Seasonal?: Yes ☐ No ☐ If Yes, explain maintenance, security & hired caretaker operations on Page 5.
 Does an owner manage the business directly? Yes ☐ No ☐ Distance to ocean or nearest body of water: _____

Physical Plant Section

Age of: Building: _____ Wiring: _____ Plumbing: _____ Heating: _____ Roofing: _____
 Construction: _____ Protection Class: _____ # of Stories: _____ Roof Shape: Flat ☐ Gable ☐ Hip ☐
 Roof Cladding: Asphalt ☐ Built-Up ☐ Sheet/Metal ☐ Tile/Clay ☐ Wood Shingle ☐
 Exterior Cladding: Wood ☐ EIFS ☐ Other: _____

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: _____

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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.

Credit Report Authorization

I hereby authorize Restaurant, Bar & Tavern Guard (Guardia, LLC) to run any credit reference checks in accordance with the Fair Credit Reporting Act (91-508), should they deem necessary.

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
