



CARRIER:

Empty box for carrier information

# Bar / Restaurant Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name: \_\_\_\_\_

Location address: \_\_\_\_\_  Same as mailing address.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web address: \_\_\_\_\_

Description of operations:  
\_\_\_\_\_

Do you own the building?  Yes  No (If "No", skip Building Owner Questions under both the Property and Liability sections below)

How many years has the applicant been at the current location? \_\_\_\_\_

### Property Section

Construction:  Frame  Joisted masonry  Non-combustible  Masonry non-combustible  
 Modified fire-resistive  Fire-resistive  Other \_\_\_\_\_

Protection class: \_\_\_\_\_

Requested cause of loss:  Basic  Special

Requested valuation:  Replacement cost  Actual cash value

Deductible:  \$1,000  \$2,500  \$5,000

Coinsurance:  80%  90%  100%

Business personal property limit \$ \_\_\_\_\_

Business income and extra expense limit \$ \_\_\_\_\_

Is there commercial cooking on the premises?  Yes  No

What type of extinguishing system is functioning and operational?  Wet  Dry

Is there a deep fat fryer on the premises?  Yes  No

#### Building Owner

Building limit \$ \_\_\_\_\_

What year was the building constructed? \_\_\_\_\_

What is the square footage of the entire structure? \_\_\_\_\_ sq. ft.

Is the building fully protected by an operational sprinkler system covering 100% of the premises?  Yes  No

### General Liability Section

Food Sales	Alcohol Sales	Other Receipts	Total Annual Receipts
\$ _____	\$ _____	\$ _____	\$ _____

Limit:  \$100,000/\$200,000  \$300,000/\$600,000  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000

Years of experience the applicant has in managing this type of operation \_\_\_\_\_

How many nights of major entertainment per week? \_\_\_\_\_

Is the applicant a Gentlemen's Club or is adult/exotic dancing provided?  Yes  No

Is there a dance floor?  Yes  No

Does the applicant allow patrons to bring in their own alcohol on the premises?  Yes  No

Are there tables?  Yes  No

If "Yes," is there table service?  Yes  No

Does the applicant hire or utilize bouncers, security or doormen?  Yes  No

Does the establishment have a child's play area?  Yes  No

Does the establishment serve raw seafood?  Yes  No

What is the latest hour of operation? \_\_\_\_\_

In the past three years, have there been any previous claims involving assault and/or battery?  Yes  No

#### Building Owner

Is any portion of the building leased to commercial tenants?  Yes  No If "Yes", applicable sq. ft. \_\_\_\_\_

Does the applicant lease any apartments at this location?  Yes  No If "Yes", number of units \_\_\_\_\_

Applicable sq. ft. \_\_\_\_\_

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you desire a Liquor Liability Quote, please complete Section IV Eligibility Criteria, Liquor Liability section of this application.

**II. LOSS INFORMATION FOR THE PAST THREE YEARS**

<b>Property Coverages</b>		<input type="checkbox"/> None (if "yes", provide detail below)	
<b>Year</b>	<b>Status</b>	<b>Incurred</b>	<b>Description</b>
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

<b>General Liability Coverages</b>		<input type="checkbox"/> None (if "yes", provide detail below)	
<b>Year</b>	<b>Status</b>	<b>Incurred</b>	<b>Description</b>
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

**III. ADDITIONAL PROPERTY INFORMATION**

If you own the building and it is more than 10 years old, please complete the following:

Age of roof \_\_\_\_\_ yrs. Plumbing updated \_\_\_\_\_ yrs. Electrical updated \_\_\_\_\_ yrs. Heating updated \_\_\_\_\_ yrs.  
 Roof type:  Flat  Wood shake  Shingle  Metal  Tile  Slate  Other \_\_\_\_\_  
 Plumbing type:  PVC  Copper  Lead  Galvanized  Other \_\_\_\_\_  
 What type of burglar alarm is on the premises?  Central station  Local gong  None

**IV. ELIGIBILITY CRITERIA**

1. No bankruptcies, tax or credit liens against the applicant in the last five years  True  False
2. No tax liens or back taxes owed on the property  True  False
3. Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri)  True  False  
 If "False", advise reason \_\_\_\_\_

**Property**

1. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers  N/A  True  False
2. For any building built prior to 1978, there is no aluminum wiring or knob and tube wiring  N/A  True  False
3. All cooking equipment has an in-force cleaning contract  True  False
4. Business does not operate on a seasonal basis  True  False
5. Functioning and operational fire extinguishers available  True  False
6. Functioning and operational smoke and/or heat detectors in all units and/or occupancies  True  False

**General Liability**

1. Applicant has not, is not and will not act as a franchisor (grantor of a franchise)  True  False
2. All public areas are equipped with functioning and operational smoke/heat detectors  True  False
3. All alcohol served within the legally allowable time frames  True  False
4. Applicant is the only occupancy in the building or all deep fat frying appliances have automatic extinguishing systems and are all NFPA 96 compliant  True  False
5. Every floor with public access has at least two means of egress (exits)  True  False
6. No exposure to pyrotechnic displays, foam machines, moon bounces, trampolines, rock walls or swimming pools  True  False
7. No exposure to mechanical bull or mechanical riding devices  True  False
8. Not situated on a vessel  True  False
9. Patrons under 21 years of age are not permitted in the bar area after 11 p.m. and applicant does not have "teen," "under 21" or similar functions  True  False
10. No inhalation of oxygen gas from tanks or hookah smoking on premises  True  False

**Liquor Liability**

1. What year did the applicant start this business at this location? \_\_\_\_\_
2. Limits desired: Each common cause limit: \_\_\_\_\_ Aggregate limit: \_\_\_\_\_
3. Have there been any citations, violations, charges or enforcement actions at this location within the past five years?  Yes  No  
 If "Yes", provide the following information on each citation, violation, charge or enforcement action:  
 Date(s): \_\_\_\_\_  
 Description(s): \_\_\_\_\_  
 Measures in place to prevent future incidents: \_\_\_\_\_
4. Has the applicant had any reported liquor liability and/or assault and battery claims or notification of potential liquor liability and/or assault and battery claims at this location within the past five years?  Yes  No  
 If "Yes", provide the following information on each claim:  
 Date(s): \_\_\_\_\_  
 Description(s): \_\_\_\_\_  
 Total incurred losses (reserves and payments): \_\_\_\_\_  
 Status: \_\_\_\_\_

Measures in place to prevent future incidents:

5. Does applicant feature any entertainment?  Yes  No  
 If "Yes", check all of the following types that apply and the number of times per week or year:  
 Adult entertainment/exotic dancing \_\_\_\_\_ per week or \_\_\_\_\_ per year  
 Band (three or more members, excluding jazz bands) \_\_\_\_\_ per week or \_\_\_\_\_ per year  
 DJ with dancing \_\_\_\_\_ per week or \_\_\_\_\_ per year  
 Dance club/dance hall \_\_\_\_\_ per week or \_\_\_\_\_ per year  
 Banquet entertainment by applicant or lessee \_\_\_\_\_ per week or \_\_\_\_\_ per year
6. Does the establishment have a bar with seating?  Yes  No
7. What time does the sale or service of alcohol cease? \_\_\_\_\_  a.m.  p.m.  24 hours
8. Does the establishment attract a predominantly youthful clientele ranging from 21–25 years of age?  Yes  No
9. Are all alcohol-serving employees certified in a formal alcohol training course not mandated by the state?  Yes  No
10. Does the establishment utilize an identification scanner on all patrons regardless of age?  Yes  No
11. Is BYOB (bring your own bottle) permitted for other than banquet operations?  Yes  No  
 If "Yes," complete the following:  
 What is the maximum occupancy of the establishment? \_\_\_\_\_  
 What percentage of patrons brings their own bottle?  less than 50%  50% or more
12. Does applicant ever sell or serve alcohol away from the premises?  Yes  No  
*Note: If off-premises coverage is desired, attach a completed Catering Plus Liquor Liability Application, form CP-LLA, to this submission.*
13. Does the applicant maintain general liability insurance at limits equal to or greater than applicant's liquor liability limits?  Yes  No
14. Has the applicant or any principal with a controlling interest in the applicant filed for bankruptcy in the last 12 months?  Yes  No
15. Will the applicant maintain a valid liquor license, if required by ordinance or law, prior to the applicant selling, serving or distributing alcohol?  Yes  No  
 a. Name on the license: \_\_\_\_\_  
 b. License #: \_\_\_\_\_
16. Are employees or other persons selling or serving alcohol permitted to consume alcohol during their hours of employment or service?  Yes  No
17. Within the past five years, has the applicant's liquor liability insurance been cancelled or non-renewed?  Yes  No  
 If yes, please explain: \_\_\_\_\_
18. Is the applicant a franchisee?  Yes  No
19. Does or will applicant ever offer:  
 a. Bottle service or set-ups?  Yes  No  
 b. Drink specials/happy hours?  Yes  No  
 c. Drink specials/happy hours after 9 p.m.?  Yes  No  
 d. Beer pong or other drinking games?  Yes  No  
 e. More than two complimentary drinks per patron per day?  Yes  No  
 f. "All you can drink" specials or other offers involving unlimited alcoholic beverages?  Yes  No
20. What is the lowest price offered for a single serving of beer including happy hours and specials? \_\_\_\_\_
21. What is the lowest price offered for a single serving of wine/liquor including happy hours and specials? \_\_\_\_\_
22. Are patrons under the legal drinking age permitted on the premises?  Yes  No
23. Are patrons under the legal drinking age permitted on the premises past 11 p.m.?  Yes  No

**A. RESTAURANTS OR BARS WITH BANQUET OPERATIONS:**

*Note: If operation is strictly a banquet hall, attach a completed Catering Plus Liquor Liability Application, form CP-LLA, to this submission.*

24. a. Are only the applicant and its authorized employees or members permitted to serve alcohol at all events where alcohol is present?  Yes  No  
 b. If persons serving alcohol are not the applicant or its authorized employees or members, are they required to carry liquor liability insurance with limits equal to or greater than limits covered under applicant's liquor policy and name applicant as an additional insured?  Yes  No

**B. FINE DINING ESTABLISHMENTS ONLY:**

25. a. Is the average entrée price greater than \$20?  Yes  No  
 b. Is the average bottle of wine price greater than \$30?  Yes  No  
 c. Is the number of bottles on the wine list greater than 10?  Yes  No

**C. NON-PROFIT PRIVATE, FRATERNAL OR SOCIAL CLUBS:**

26. a. Is the applicant a nonprofit private, fraternal or social club?  Yes  No  
 b. Are same-day memberships available?  Yes  No  
 c. Are members permitted to bring more than three guests per day (excluding banquet activities and immediate family members)?  Yes  No

- d. Is self service of alcohol by members permitted?  Yes  No
- e. Are any single drinks sold for less than \$0.50?  Yes  No
- f. Is BYOB (bring your own bottle) permitted for banquet operations only?  Yes  No
- g. Minnesota risks only: Does applicant's liquor license restrict service to club members and legitimate guests?  Yes  No

**D. BRING YOUR OWN BOTTLE (BYOB) RESTAURANTS:**

- 27. a. Does the establishment have a wait staff that actively monitors all alcohol consumption, and requests a valid ID from all patrons?  Yes  No
- b. Are patrons permitted to bring hard alcohol on the premises?  Yes  No

**E. ON-PREMISES TASTING OF ALCOHOL:**

- 28. a. Is eight ounces the maximum amount of complimentary samples permitted for any one patron per day?  Yes  No
- b. If someone other than the applicant's employees is serving the samples, are they required to carry their own liquor liability insurance at limits equal to or greater than the applicant's?  Yes  No

**F. ADDITIONAL APPLICANT INFORMATION**

Form of business:  Individual  Corporation  Partnership  LLC  Other \_\_\_\_\_

What year did the business start? \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_ (if different than the location address above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address of primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ Telephone/E-mail address: \_\_\_\_\_

Audit contact name: \_\_\_\_\_ Telephone/E-mail address: \_\_\_\_\_

**FRAUD STATEMENTS**

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kansas Fraud Statement:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Maine Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

**Maryland Fraud Statement:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Oklahoma Fraud Statement:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon Fraud Statement:** Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Kentucky, Pennsylvania AND Ohio Fraud Statement:** 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.

**Tennessee, Virginia and Washington Fraud Statement:** 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.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**STATE NOTICES**

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Florida Surplus Lines Notice:** (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Punitive Damage Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Minnesota Notice:** Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Ohio Representation Statement:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Main agency phone number: \_\_\_\_\_  
(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_  
President, Chairperson of the Board, Managing Member, or Executive Director

Date: \_\_\_\_\_