



Bar/Restaurant Product Application – All States

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 3 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 & Liability Sections below)

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 & 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.

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

Are there tables? Yes No

If yes, is there table service? Yes No

Does the applicant hire or utilize bouncers? Yes No

What is the latest hour of operation? _____

Is alcohol served after 12:00 midnight? Yes No

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"/>
				<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.

J. LOSS INFORMATION FOR THE PAST 3 YEARS

Property Coverages None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

General Liability Coverages None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

III. ADDITIONAL PROPERTY INFORMATION

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

Age of roof _____ yrs. Plumbing updated (yr) _____ Electrical Updated (yr) _____ Heating Updated (yr) _____

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

- No bankruptcies, tax or credit liens against the applicant in the last 5 years True False
 - No tax liens or back taxes owed on the property True False
 - Coverage has not been cancelled or non-renewed in the last 3 years (not applicable in Missouri) True False
- If False, advise reason _____

Property

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

General Liability

- Applicant has not, is not and will not act as a Franchisor (Grantor of a Franchise) True False
- All public areas are equipped with functioning and operational smoke/heat detectors True False
- All alcohol served within the legally allowable time frames True False
- 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
- Every floor with public access has at least 2 means of egress (exits) True False
- No exposure to pyrotechnic displays, foam machines, moon bounces, trampolines, rock walls or swimming pools True False
- No exposure to mechanical bull or mechanical riding devices True False
- Not situated on a vessel True False
- Patrons under 21 years of age are not permitted in the bar area after 11:00 p.m. and applicant does not have "Teen," "Under 21" or similar functions True False

Liquor Liability

- Is the applicant a **non-profit Private, Fraternal or Social Club**? Yes* No
 - *If yes, please answer the following:
 - Are same-day memberships available? Yes No
 - Are members permitted to bring more than 3 guests per day (excluding banquet activities and immediate family members)? Yes No
 - Is self service of alcohol permitted by members? Yes No
 - Are any single drinks sold for less than \$.50? Yes No

2. How long has current owner been operating at this location? _____

3. Limits desired: Each Common Cause Limit: _____ Aggregate Limit: _____

- Is applicant requesting Liquor Liability limits greater than General Liability limits carried? Yes* No
- Does applicant ever sell or serve alcohol away from the premises? Yes* No

*If off-premises coverage is desired, attach a completed Catering Plus Supplemental Liquor Liability Application, form CP APP, to this submission.

- What is the latest hour the establishment will ever stay open? AM PM 24 hours
 - What time does the sale or service of alcohol cease? AM PM 24 hours

7. Type of business (check all that apply):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Private/Fraternal Club | <input type="checkbox"/> Exotic Dancing/Strip Club | <input type="checkbox"/> Off-Premises Caterer* |
| <input type="checkbox"/> Nightclub | <input type="checkbox"/> Country Club | <input type="checkbox"/> Casino | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Banquet Hall* | <input type="checkbox"/> Pool/Billiard Hall | |
| <input type="checkbox"/> Concessionaire* (describe venue): _____ | | | |
| <input type="checkbox"/> Convenience/Liquor Store/Retail Store (if operations are 100% retail with no on-premises consumption of alcohol, questions 15-19 and 21-22 are not applicable) | | | |
| <input type="checkbox"/> Other (describe): _____ | | | |

*If type of business is a banquet hall, concessionaire or off-premises caterer, attach a completed Catering Plus Supplemental Liquor Liability Application, form CP APP, to this submission.

8. Gross Annual Receipts: If applicant has more than one operation or sells alcoholic beverages for on & off premises consumption at same location, provide breakdown of receipts by operation:

	Bar/Lounge	Restaurant	Banquet	Retail Sales	Other
FOOD	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
ALCOHOL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
OTHER (describe)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

9. Does applicant have a valid liquor license? Yes No
10. Has the applicant or any principal with a controlling interest in the applicant filed for bankruptcy in the last 12 months? Yes No
11. Are employees or other persons permitted to consume alcohol during their hours of employment or service? Yes No
12. Are all alcohol-servers certified in a Formal Alcohol Training Course not mandated by the state? Yes* No

*If yes, provide name of the course: _____

To be considered for a credit on your quote, please attach copies of the certificates to this application.

Note: The course must be one approved by Company.

13. Violations: Does the applicant have knowledge of any fines or citations for violation of law or ordinance related to illegal activities or the sale of alcohol at this location within the past five years? Yes* No

*If yes, provide the following information on each fine or citation:

Date(s): _____

Description(s): _____

Measures in place to prevent future violations: _____

14. Claims: 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 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(open or closed): _____

Measures in place to prevent future incidents: _____

15. Does applicant permit "BYOB" (bring your own bottle), bottle service or setups? Yes* No

*If yes, explain: _____

16. Does applicant feature any entertainment? Yes* No

*If yes: Major Entertainment (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Adult Entertainment/Exotic Dancing | <input type="checkbox"/> Dance hall | <input type="checkbox"/> DJ with dancing |
| <input type="checkbox"/> Band (3 or more members, excluding jazz bands) | <input type="checkbox"/> Dueling piano bar | <input type="checkbox"/> Outdoor Concerts |
| <input type="checkbox"/> Other (describe): _____ | | |

Number of: _____ times per week or _____ times per year

Incidental Entertainment (check all that apply):

- | | | | | |
|--|---|----------------------------------|---|----------------------------------|
| <input type="checkbox"/> Comedy shows | <input type="checkbox"/> DJ without dancing | <input type="checkbox"/> Karaoke | <input type="checkbox"/> Jazz musicians | <input type="checkbox"/> Jukebox |
| <input type="checkbox"/> Mariachi band | <input type="checkbox"/> Solo vocalist | | | |
| <input type="checkbox"/> Other (describe): _____ | | | | |

Number of: _____ times per week or _____ times per year

17. Are facilities available for banquets, receptions or private affairs? Yes No

a. Number of: _____ times per week or _____ times per year

b. Are only the applicant and its authorized employees or members permitted to serve alcohol at all events where alcohol is present?* Yes No*

*If no, are persons serving alcohol who are not applicant's authorized employees or members required to carry Liquor Liability insurance with limits greater than or equal to limits covered under applicant's liquor policy? Yes No

18. Is banquet entertainment provided by applicant or lessees? Yes No

a. Number of: _____ times per week or _____ times per year

FINE DINING ESTABLISHMENTS ONLY:

19. a. Average entrée price: _____
 b. Average bottle of wine price: _____
 c. Number of bottles of wine on the wine list: _____

STATE SECTION – Please complete the applicable section below based on the state where operations are located.

DE, KS, MD, SD and VA:

Please proceed to Section V

ALL OTHER STATES:

20. Does the establishment attract a **predominantly youthful or college crowd** ranging from 21-25 years of age? Yes No
21. Does or will applicant ever offer (include special events such as New Year's Eve parties, etc.):
- a. Drink specials/happy hours? Yes No
- b. Drink specials/happy hours after 9:00 PM? Yes No After 11:00 PM? Yes No
- c. More than two complimentary drinks per patron per day? Yes No
- d. "All you can drink" specials or other offers involving unlimited alcoholic beverages? Yes No
- e. Beer for less than \$1.00? Yes No
- f. Liquor or wine for less than \$1.50? Yes No
22. a. Are patrons **under the legal drinking age** permitted on the premises? Yes No
 b. Are patrons **under the legal drinking age** permitted on the premises after 11:00 PM? Yes No
23. **Minnesota risks only:**
- a. Does applicant have a special license to stay open past 1:00 AM? Yes No
 b. If a Private, Fraternal, or Social Club, does liquor license restrict service to members only? Yes No
24. **Ohio, Pennsylvania and Texas risks only:**
- a. Does the establishment have and utilize an **identification scanner** device to verify age of patron? Yes No
25. List expiring **Liquor Liability** carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

V. 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/Email Address: _____

Audit Contact Name: _____ Telephone/Email Address: _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified 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."

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.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine 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 may include imprisonment, fines or a denial of insurance benefits.

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.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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.

Pennsylvania 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 and Virginia 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: _____ Title: _____ Date: _____

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

Retail Agency Name: _____ License #: _____

Main Agency Phone Number: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip Code: _____