

Restaurant/Bar/Nightclub Supplemental

COLUMBIA INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY
 NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY OF THE SOUTH
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA

(Complete in Addition to M-5593 General Liability Application)

Policy Term From: _____ To: _____

1. Name of applicant: _____

(Complete one supplemental for each named insured and for each risk.)

2. Physical location address: _____

3. Accountant contact information for audits (name & phone): _____

4. Does your business maintain a web site? Yes No If yes, please list the web address: _____

5. Do you have any operations, exposures, or ventures, active or inactive, not listed on this application? Yes No
 If yes, please answer 5a. & 5b. and provide details, including entity name(s): _____

a. Are they insured? Yes No b. If insured, with whom? _____

6. Length of time in business: _____ Years of experience: _____

7. Do you want Assault & Battery coverage? Yes No

8. Sales breakdown:

Policy Period	Food and nonalcoholic beverage sales	Alcohol sales	Cover charge revenue	Ticket revenue	Other revenue, describe	Total revenue
3 rd Prior						
2 nd Prior						
Last Year						
Next Year						

a. Describe other revenue: _____

9. Sq. ft. of dance floor: _____

10. Location information:

a. Sq. ft. of public area: _____

b. Number of stories: _____

c. Maximum capacity: _____

d. Number of exits: _____

e. Is smoking permitted? _____

f. Does the premises have a sprinkler system? _____

g. Does the premises have other operations, including habitations? If yes, describe. _____

h. Are alcoholic beverages consumed on the premises? _____

i. Can alcohol be brought onto premises by customers? _____

j. Business hours:

i. Weekdays: _____ ii. Weekends: _____

11. Security guard and bouncer information:

a. Are security guards or bouncers used on a typical weekend night?

i. Armed: Yes No ii. Unarmed: Yes No

ii. Are they off-duty police officers: Yes No Both

12. Entertainment information:

- a. Live Bands: Yes No If yes, describe: _____
- b. Adult Entertainment: Yes No If yes, describe: _____
- c. Dancers/Performers: Yes No If yes, describe: _____
- d. Amusement Devices: Yes No If yes, describe: _____
- e. Other: Yes No If yes, describe: _____

13. Loss history for the past 3 years:

<u>Date</u>	<u>Loss Description</u>	<u>Loss Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.

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 CIVIL FINES AND CRIMINAL PENALTIES.

Applicant's Signature

Date