



# RESTAURANT/BAR/TAVERN SUPPLEMENTAL APPLICATION

(COMPLETE IN ADDITION TO ACORD COMMERCIAL INSURANCE APPLICATION - APPLICANT INFORMATION SECTION AND ACORD COMMERCIAL GENERAL LIABILITY SECTION AND/OR ACORD COMMERCIAL PROPERTY SECTION )

**NOTE: Applications incomplete or unsigned by the applicant are unacceptable.**

<b>1. APPLICANT INFORMATION</b> NAME (FIRST NAMED INSURED AND OTHER NAMED INSUREDS)																
<b>2. NUMBER OF YEARS IN BUSINESS AT THIS LOCATION?</b>	<b>3. YEARS EXPERIENCE OPERATING THIS TYPE OF BUSINESS:</b>															
<b>4. BUSINESS HOURS:</b> FROM: _____ AM/PM TO: _____ AM/PM	<b>5. NUMBER OF DAYS OPEN PER WEEK (CHECK ALL THAT APPLY):</b> <table style="width:100%; border:none;"> <tr> <td>MON</td><td>TUES</td><td>WED</td><td>THURS</td><td>FRI</td><td>SAT</td><td>SUN</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>		MON	TUES	WED	THURS	FRI	SAT	SUN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MON	TUES	WED	THURS	FRI	SAT	SUN										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
<b>6. OPERATIONS:</b> DESCRIBE TYPE OF RESTAURANT (INCLUDING WHETHER OR NOT ALCOHOL IS SOLD, SERVED, FURNISHED OR BRING YOUR OWN BEVERAGE (B.Y.O.B.) IS ALLOWED):																
<b>7. IS THE APPLICANT INVOLVED IN ANY OTHER OPERATIONS OR BUSINESS?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PROVIDE DETAILS:																
<b>8. DESCRIBE NEIGHBORHOOD (i.e. RURAL, COMMERCIAL, RESIDENTIAL):</b>																
<b>9. CRIME RATING OF THE ZIP CODE COVERING THE LOCATION (USE WWW.BESTPLACES.NET/CRIME/):</b>																
<b>10. ENTERTAINMENT:</b> LIVE BANDS YES <input type="checkbox"/> NO <input type="checkbox"/> FEMALE/MALE REVIEWS YES <input type="checkbox"/> NO <input type="checkbox"/> DANCE FLOOR YES <input type="checkbox"/> NO <input type="checkbox"/> DANCERS YES <input type="checkbox"/> NO <input type="checkbox"/> BOUNCERS YES <input type="checkbox"/> NO <input type="checkbox"/> DISC JOCKEY YES <input type="checkbox"/> NO <input type="checkbox"/>  OTHER ENTERTAINMENT: YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, DESCRIBE:		<b>11. ANY ENTERTAINMENT OR AMUSEMENT DEVICES ON PREMISES?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, DESCRIBE:														
<b>12. CLIENTELE AGE:</b> <input type="checkbox"/> 18-25 <input type="checkbox"/> 25-35 <input type="checkbox"/> OVER 35 YEARS <input type="checkbox"/> OVER 50 YEARS																
CLIENTELE ORIGINS: <input type="checkbox"/> LOCAL RESIDENTS <input type="checkbox"/> COLLEGE <input type="checkbox"/> FAMILIES <input type="checkbox"/> TRANSIENT																
<b>13. ARE <u>THREE OR MORE</u> OTHER RESTAURANTS, BARS OR TAVERNS WITHIN 1/4 MILE OF YOUR ESTABLISHMENT?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>ANY COLLEGE, UNIVERSITY, OTHER POST-SECONDARY INSTITUTION WITHIN 1/4 MILE OF YOUR ESTABLISHMENT?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>																
<b>14. NUMBER OF TABLES FOR CUSTOMERS:</b> _____  <b>NUMBER OF SEATS (TOTAL) FOR CUSTOMERS:</b> _____																
<b>15. SQUARE FOOT AREA (ENTIRE PREMISES OR YOUR PORTION OF THE PREMISES):</b> _____  <b>SQUARE FOOT AREA (PUBLIC SPACE ONLY):</b> _____  <b>SQUARE FOOT AREA (DANCE FLOOR, IF ANY):</b> _____																
<b>16. GROSS SALES/REVENUES (PAST 2 YEARS AND APPROXIMATED FOR NEXT 12 MONTHS):</b>																
FISCAL DATES (MONTH & YEAR) _____ / _____ / _____																
BEER, WINE & LIQUOR SALES:	\$ _____	\$ _____														
FOOD SALES (ON-SITE):	\$ _____	\$ _____														
FOOD SALES (OFF-SITE CATERING):	\$ _____	\$ _____														
OTHER SALES:	\$ _____	\$ _____														
TOTAL:	\$ _____	\$ _____														
PAYROLL EXPENSE (EXCLUDING OWNERS):	\$ _____	\$ _____														
INVENTORY EXPENSE:	\$ _____	\$ _____														
OTHER EXPENSE:	\$ _____	\$ _____														
DESCRIBE 'OTHER' SALES:																
<b>17. NUMBER OF MORTGAGES:</b> _____  <b>NAME &amp; NUMBER OF PERSON TO CONTACT FOR FINANCIAL RECORDS:</b> _____																

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<b>18. COOKING</b>	
A. IS ANY TYPE OF COOKING DONE ON PREMISES (PLEASE CIRCLE IF MICROWAVE COOKING ONLY)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
B. UL APPROVED AUTO EXTINGUISHING SYSTEM OVER ALL COOKING SURFACES AND DEEP FRYERS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
C. SEMI-ANNUAL SERVICE CONTRACT FOR AUTO EXTINGUISHING SYSTEM?	YES <input type="checkbox"/> NO <input type="checkbox"/>
D. AUTOMATIC GAS OR ELECTRIC SHUT-OFF FOR COOKING WITH A MANUAL PULL?	YES <input type="checkbox"/> NO <input type="checkbox"/>
E. ARE HOODS AND DUCTS EQUIPPED WITH FILTERS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
F. ARE FILTERS CLEANED AT A MINIMUM OF EVERY SIX MONTHS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
G. ARE HOODS AND DUCTS CLEANED AT A MINIMUM OF EVERY SIX MONTHS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
H. ARE PORTABLE FIRE EXTINGUISHERS MOUNTED AND ACCESSIBLE TO COOKING AREAS? FIRE EXTINGUISHERS: HOW MANY? _____ SERVICED AND TAGGED WITHIN THE PAST YEAR?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>19. ALCOHOL SAFETY/AWARENESS</b>	
A. ARE BACKGROUND CHECKS DONE ON ALL EMPLOYEES SERVING ALCOHOL TO PATRONS? IF YES, DO YOU PURSUE: PRIOR EMPLOYMENT REFERENCE CHECKS? POLICE REPORTS? OTHER CHECKS? IF YES TO 'OTHER CHECKS', PLEASE DESCRIBE:	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
B. ARE EMPLOYEES SERVING ALCOHOL REQUIRED TO HAVE PAST EXPERIENCE IN THIS TYPE OF BUSINESS? IF YES, HOW MANY YEARS MINIMUM? _____ YRS. IF NO, WHAT PERCENTAGE OF YOUR SERVER PERSONNEL HAVE LESS THAN 2 YEARS EXPERIENCE IN SIMILAR POSITIONS/SIMILAR ESTABLISHMENTS? _____ %	YES <input type="checkbox"/> NO <input type="checkbox"/>
C. ALCOHOL AWARENESS - CLAIMS REDUCTION ACTIVITIES: ALCOHOL AWARENESS PROGRAM (TIPS, LEARN 2 SERVE, ETC.) PROVIDED FOR ALL LIQUOR SERVERS, BAR AND WAIT STAFF? YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE LIST SEVERAL KEY ASPECTS OF YOUR AWARENESS PROGRAM (EX: DRINK COUNT, DOCUMENTATION, NOTIFY HEAD BARTENDER - MANAGER, ETC.):	
D. ARE IDENTIFIED INTOXICATED PATRONS OFFERED: COFFEE? YES <input type="checkbox"/> NO <input type="checkbox"/> CAB HOME? YES <input type="checkbox"/> NO <input type="checkbox"/>	
E. ARE ALL PATRONS ID'S CHECKED? DESCRIBE ID VERIFICATION PROCEDURES:	YES <input type="checkbox"/> NO <input type="checkbox"/>
F. NUMBER OF EMPLOYED: BAR TENDERS: _____ WAIT PERSONS: _____ LIQUOR SERVERS: _____	

<b>20. SECURITY/BOUNCERS/CROWD MANAGEMENT-CONTROL (CHECK ALL THAT APPLY)</b>	
TOTAL NUMBER OF EMPLOYED SECURITY PERSONNEL: _____	
WHAT PERCENTAGE OF YOUR SECURITY PERSONNEL HAVE LESS THAN 2 YEARS EXPERIENCE IN SIMILAR POSITIONS/SIMILAR ESTABLISHMENTS? _____ %	
<input type="checkbox"/> SECURITY IS ARMED.	
<input type="checkbox"/> ONE PERSON PER SHIFT AT EACH INSURED LOCATION HAS PRINCIPAL RESPONSIBILITY FOR SECURITY/BOUNCERS/CROWD MANAGEMENT. (ATTACH A WORK RESUME FOR THAT PERSON)	
<input type="checkbox"/> ONLY THE STAFF MEMBERS SPECIFICALLY HIRED FOR SECURITY DUTIES ARE INVOLVED IN SUCH.	
<input type="checkbox"/> ALL STAFF MEMBERS HAVE SECURITY/BOUNCERS/CROWD CONTROL DUTIES.	
<input type="checkbox"/> ALL OR A PORTION OF YOUR SECURITY/BOUNCERS/CROWD CONTROL TASKS ARE SUBCONTRACTED. IF SO: WHAT PARTS OF SECURITY OPERATIONS ARE SUBCONTRACTED? _____ WHAT HOURS/DAYS PER WEEK ARE SUBCONTRACTORS USED? _____	
DO YOU REQUIRE SUBCONTRACTORS TO PROVIDE YOU WITH EVIDENCE OF INSURANCE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU REQUIRE SUBCONTRACTORS TO NAME YOU AS ADDITIONAL INSURED?	YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES,
WOULD YOU PROVIDE COPY OF SUCH WHEN REQUESTED?	YES <input type="checkbox"/> NO <input type="checkbox"/>

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**SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.**

**FRAUD NOTICES:**

**PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

**Applicable in CO**

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.

**Applicable in FL**

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).

**Applicable in KS**

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.

**Applicable in KY, NY, OH and PA**

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 to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OK**

WARNING: 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).

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in Other States:**

WARNING: 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 insurance fraud, which is a crime, and may be subject to fines and confinement in prison.

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE**

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**BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.**

<b>Applicant Name (Name of Company)</b>	<b>Producer's Name</b>
<b>Signature of Authorized Representative</b>	<b>Producer's Signature</b>
<b>Print Name</b>	<b>Producer's Phone</b>
<b>Title</b>	<b>Producer's Fax</b>
<b>Date</b>	<b>Producer's Email</b>