



Fiercely Committed.
Proudly Independent.

TEL 617 471 7171 / TF 800 972 5381
FAX 617 471 7180 / TF 888 628 1906
EMAIL info@xsbrokers.com

WEB
xsbrokers.com

Bars/Restaurants/Taverns General Liability Application

Applicant's Name _____
Mailing Address _____
Location _____
Web Site Address _____

Agency Name _____
Agent _____
Address _____
E-Mail _____
Phone _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify): _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	
Other Coverages, Restrictions, and/or Endorsements Deductible	\$	Total \$

A. Classification of risk:

- Tavern Disco Bowling center Caterer: Off premises On premises
 Restaurant Banquet facility Membership club Country club

Number of years in business: _____

B. Annual sales:

	Past 12 Months	Next 12 Months
Liquor Sales		
Food Sales		
Other		
Total		

C. Are surrounding premises:

- Downtown district Residential/commercial Rural Shopping center Waterfront
- Industrial Resort Seasonal Suburban Commercial

If waterfront, does applicant provide boat docking facilities for patrons?..... Yes No
 If yes, how many docking spaces for boats? _____

D. Clientele:

- Local residents Families Retirement community College students Seasonal residents
- Median age of patrons: 18-25 25-30 30-40 40 and over

Are premises located near a college or university?..... Yes No

E. Entertainment:

Is there any live entertainment on premises?..... Yes No

Number of times per week: _____

If yes, describe (include go-go dancers, topless, disco, exotic, female/male): _____

Is there dancing? Yes No

Number of times per week: _____ Square footage of dance floor: _____

Does applicant have amusement devices? Yes No

If yes, how many? _____ Describe: _____

Is there a minimum or cover charge? Yes No

Sports on premises? Yes No

If yes, provide complete details: _____

Sports sponsored off premises? Yes No

Number of times per week: _____ Give details: _____

Does applicant sponsor any special events? Yes No

If yes, describe: _____

F. General Information:

Are facilities available for use or rent for private parties, receptions, banquets or similar affairs? Yes No

If yes, number of times per year: _____ Describe: _____

Does applicant advertise or promote "happy hour" or other events when drinks are sold at a lower price than usual? Yes No

Do you subscribe to a taxi or other service providing transportation home to apparently intoxicated persons? Yes No

If yes, describe: _____

Number of years under current management: _____ How many hours per day is applicant open? _____

Types of meals served: Full meals Short order

Maintenance of building is: Good Average Poor

Housekeeping is: Good Average Poor

Square footage of bar/restaurant: _____

Does applicant have parking area? Yes No Is lot well lit? Yes No

In the past five years, has applicant been cited by the Liquor Control Commission? Yes No

If yes, give date(s) and full explanation: _____

Are police records and background checks conducted on employees? Yes No

Number of bouncers or doormen: _____

Are security guards/bouncers/doormen employees or independent contractors? _____

If independent contractors, do they provide Certificates of Insurance and Additional Insured Endorsements to the applicant? Yes No

Does applicant have Workers' Compensation coverage in force? Yes No

Total number of employees: _____

G. During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri)..... Yes No

If yes, explain: _____

Previous Insurer and loss history: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. See loss run attached

Year	Company	Policy No.	Premium	Paid Losses	Reserved Losses	Loss Description

SCHEDULE OF HAZARDS								
Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem./ Ops.	Products/ Comp. Ops.	Prem./ Ops.	Products/ Comp. Ops.

H. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

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 WARNING APPLICABLE IN THE STATE OF NEW YORK:

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.

I/We agree to submit records for audit by the Company upon termination or expiration of this policy for the determination of actual gross receipts during the coverage period.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.