



APPLICATION FOR HOSPITALITY PACKAGE INSURANCE

Type of Application: New Renewal

Expiring Policy #: _____

- Need quote for: GENERAL LIABILITY ONLY
 LIQUOR LIABILITY ONLY
 GENERAL LIABILITY & LIQUOR LIABILITY
 PACKAGE (GL, LIQUOR LIABILITY & PROPERTY)

Surplus Lines Producer: _____
City/State: _____
Contact: _____

Need quote by: _____ Desired Policy Period: From: _____ To: _____

GL Limit requested: \$300,000/\$600,000 \$500,000/\$1 Mil \$1 Mil / \$2 Mil
Liquor Limit requested: \$100,000/\$100,000 \$250,000/\$250,000 \$300,000/\$300,000 \$500,000/\$500,000 \$1 Mil / \$1 Mill \$1 Mil / \$2 Mil
A&B Limit requested: \$25,000 \$50,000 \$100,000 \$300,000 \$500,000 \$1 Mil

APPLICANT INFORMATION

- 1. Applicant: _____ DBA: _____
(Legal Entity Name)
2. Mailing Address: _____
3. Location Address: _____
4. Loss Control Contact: _____ Phone/Fax: _____
5. Website Address: _____
6. Type of Entity: Corporation Individual Partnership Joint Venture LLC FEIN/Social Security Number: _____
7. Is the applicant a member of the National Restaurant Association or similar professional organization? Yes No
• If yes, which organization? _____

GENERAL OPERATIONS INFORMATION

- 1. Description of Operations:
 Restaurant Pub/Tavern Sports Bar Piano/Martini Bar Jazz/Blues Club
 Comedy Club Dance/Night Club Adult club Other _____
2. Hours & Days of Operation: _____
3. Maximum Capacity: Bar: _____ Dining: _____ Patio: _____
4. Date business started under current ownership: _____
5. Number of years experience managing or owning this type of operation: _____
6. Number of employees: Mgt _____ Bar _____ Host _____ Wait _____ Kitchen _____ Security _____
7. Does the applicant own/operate any other businesses? If so, describe: _____
8. Does the applicant have or sponsor any Teen or "Under 21 nights", or permit customers under the age of 21 in the bar area? Yes No
9. If Adult club is full nudity allowed? Yes No
10. Do you offer table seating? Yes No Do you have table service? Yes No
11. Is there any cooking at customer's tables? Yes No
12. Median Age of Patrons: 18-25 ___% 25-30 ___% 30-40 ___% 40 and over ___%
13. Is there sponsorship of any sports teams or special events? Yes No
• If Yes, please describe: _____
14. Does the Applicant import any food products? Yes No
• If Yes, what percentages of total ___% and please describe items: _____
15. Does the Applicant package, repackage, or label any items for sale? Yes No
• If Yes, please describe: _____
16. FINE DINING ESTABLISHMENTS
a. Is the average entrée price greater than \$20.00? Yes No
b. Is the average bottle of wine price greater than \$30.00? Yes No
c. Is the number of bottles on the wine list greater than 10? Yes No
17. Do college students frequent the Applicant's establishment? Yes No If yes, what % do they comprise of the Applicant's evening clientele? ___%



Provide Applicant's annual sales for food and all alcoholic beverages (liquor, beer, and wine) below:

Table with 6 columns: Alcohol On-Premises Sales, Alcohol Take-Out Sales, Food Sales, Other Sales*, Total Sales. Rows: Next 12 months, Past 12 months.

*Describe other sales (i.e. catering, gaming, admissions – if catering provide breakout between food & alcohol): _____

If there are on-premises and take-out alcohol sales, does the Applicant keep separate sales records for on-premises and take-out alcohol sales? Yes No

PREMISE SAFETY INFORMATION

- 1. Do you have a building maintenance program?
2. Is the building sprinklered?
3. Are all exits properly marked and lighted?
4. Is a secondary means of egress (exits) provided for each floor having public access?
5. Does the applicant have and practice an evacuation plan?
6. Does the Applicant have generators in place to protect stock in the event of a power outage?
7. Are all smoke detectors properly maintained?
8. Is there a fire extinguishing system in the kitchen?
9. Are there any apartments or other type of occupancies in the building?
10. Does the kitchen have a deep fat fryer? If so, is it protected by an automatic fire extinguishing system?
11. Is a cleaning of the hood and duct system performed at least every 6 months?
12. Is the kitchen equipped with UL listed grease extractors?
13. What is the frequency of cleaning of the grease extractors?
14. Does the applicant have any mechanical rides, climbing walls, foam machines or inflatables?
15. Does the applicant conduct any physical contests or events inside or outside the facility?
16. Is the risk located on a beach, vessel, dock or pier?
17. Has the applicant ever been cited for building code, health or liquor violations?
18. Does the Applicant perform regular sweeping/mopping and/or floor inspections? Are logs kept for all cleaning operations?
19. Is there a sanitation manager employed with proper hygiene procedures established?
20. Does the Applicant contract pest control services?
21. Does the Applicant contract snow/ice removal?
22. Does the Applicant receive certificates of insurance from all contractors, subcontractors and suppliers?
23. Is the parking lot maintained and does it have adequate lighting?

ENTERTAINMENT INFORMATION (If applicant has more than 1 location, specify location number applicable to each form of entertainment)

- 1. Does Applicant have entertainment? If yes, check ALL that are applicable below:
2. If the Applicant has bands or DJs as part of the entertainment, are pyrotechnics allowed?
3. Type of music:
4. Is dancing allowed? If yes, # of days per week: Size of dance floor: square feet



5. How often is the floor inspected for slip and fall hazards? _____ Is the floor raised? Yes No
If Yes, does it have a railing around the entire floor? Yes No

6. Does the Applicant have any of the following?
 Yes No - Pool Tables If yes, number of Pool Tables: _____
 Yes No - Arcade Games If yes, number of Arcade Games: _____
 Yes No - Gambling Machines If yes, number of Gambling Machines: _____
 Yes No - Mechanical Riding Machines If yes, describe: _____
 Yes No - Sports Facilities on premises i.e. volleyball, softball, basketball, swimming pool, etc.
If yes, describe: _____

LIQUOR LIABILITY INFORMATION

1. Name of Liquor License Holder & License Number: _____
2. Lowest Beer price offered, not including happy hour or other promotions (check only one): \$1-\$1.99 \$2-\$4.99 \$5+
3. Lowest Liquor/Wine price offered, not including happy hour/promotions (check only one): \$1-\$2.99 \$3-\$5.99 \$6+
4. Are alcohol discounts cheaper than 50% off or 2 for 1? Yes No If yes, explain: _____
5. Within the past 5 years, has Applicant had a liquor license suspended or revoked or been fined/cited for violations of a law or ordinance related to the sale of alcohol (sales after hours, sales to minors, etc.)? Yes No If yes, # of times & explanation for each: _____

6. Measures in place to prevent future incidents: _____
7. Does the Applicant require all alcohol serving or selling employees be certified by a formal alcohol-awareness training program? Yes No
If yes, give the name of the training program (BEST, RAMP, TIPS, TAM, etc.): _____
8. Does the Applicant have procedures in place to regulate the sale of alcohol to intoxicated customers and to minors? Yes No
9. Are the Applicant's employees required to check age identification of customers who appear to be under the age of 25? Yes No
10. Does the Applicant allow customers to order more than one drink at last call? Yes No
11. Does the Applicant allow employees or independent contractors to consume alcohol on the premises while on the job? Yes No
12. Does the Applicant have a drive-through operation for the sale of alcohol? Yes No
13. Does or will the Applicant ever offer bottle service or set-ups? Yes No
14. Does or will the applicant ever offer?
a. Any drink specials/happy hours? Yes No
If yes: # of days per week: _____
b. Drink specials/happy hours lasting longer than 3 hours? Yes No
c. Drink specials/happy hours after 9:00pm? Yes No
d. Single drink servings larger than 24 ounces? Yes No
e. Complimentary drinks? Yes No
f. "All you can drink" specials? Yes No
g. "Flaming shots" Yes No
h. Vaporized Alcohol Yes No
i. Nitrogen Drinks Yes No
j. Are IDs checked at the door or at the time of service? Yes No
k. Are electronic devices used to verify integrity of ID presented? Yes No
15. Is BYOB permitted? Yes No
If yes, does the establishment have a wait staff that actively monitors all alcohol consumption, and requests a valid ID from all patrons? Yes No
Are patrons permitted to bring hard alcohol on the premises? Yes No

SECURITY INFORMATION

1. Does the Applicant use bouncers, I.D. checkers or security personnel? Yes No If yes, how many are used during peak periods? _____
2. Does applicant hire any contracted security service? Yes No
If yes, are certificates of insurance obtained and the applicant named as an additional insured? Yes No
3. Are background checks completed on all security employees? Yes No
4. Does the applicant engage off duty police officers for work in or about the premises? Yes No
5. Are firearms permitted or kept on premises? Yes No
6. Are incident logs documenting when a person was refused service or other alcohol related events maintained? Yes No
7. Do you have video surveillance? Yes No If Yes, how many days do you keep the video tapes? _____

AUTOMOBILE INFORMATION

1. Is Hired and Non Owned Auto Coverage Requested? Yes No
 - What limit of insurance is requested? _____
2. Are there any catering operations? Yes No
3. Does the Applicant do any delivery? Yes No
4. If Yes to question 2 or 3, are there any employee personal vehicles used? Yes No
 - # of personal vehicles used: _____
5. Does Applicant regularly review all driver's motor vehicle records for acceptability? Yes No
6. Does the Applicant have valet parking services? Yes No
 - If yes, is parking performed by a valet contracted service? Yes No
 - Are certificates of insurance obtained and is the applicant named as an Additional Insured? Yes No

PROPERTY SECTION (please complete if property coverage is requested)

1. Building Limit: \$ _____ RC or ACV: _____ Coinsurance: _____ %
2. Contents: \$ _____ RC or ACV: _____ Coinsurance: _____ %
3. Tenant Improvements & Betterments: \$ _____ RC or ACV: _____ Coinsurance: _____ %
4. Sign: \$ _____ RC or ACV: _____ Coinsurance: _____ %
5. Business Income: \$ _____ at _____ Monthly Indemnity
6. Other: _____
7. Deductible Requested (\$1000 min.): \$ _____
8. Construction: _____ Year Built: _____ Protection Class: _____ Square Footage of Building: _____ Number of Stories: _____
 - a. Updates: Roof: _____ (year) Plumbing: _____ (year) Heat: _____ (year) Electric: _____ (year)
 - b. Exposures: (right) _____ (left) _____ (rear) _____
 - c. Is premises near or on the water? Yes No If yes, please include distance _____ (feet/miles)
 - d. Smoke Detectors Yes No
 - e. Sprinkler Systems Yes No If yes, what percent? _____ %
 - f. Alarms: Fire Yes No Burglar Yes No Central Station Yes No Grade _____

EMPLOYEE/HIRING INFORMATION

1. Do hiring procedures include background checks, job history and references? Yes No
2. Can cashiers tamper with customer's checks or register receipts? Yes No
3. Does the applicant have a written Sexual Harassment Policy? Yes No

What controls/procedures are in place to limit/control employee theft? _____

LOSS HISTORY

In the past 3 years, has the applicant had any *GL or LL claims* or incidents that might give rise to such a claim, whether insured or not? Yes No
 If yes, please provide details:

	Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Open/Closed)	Description of Incident/Claim
A			\$	\$		
B			\$	\$		
C			\$	\$		
D			\$	\$		

In the past 3 years, has the applicant had any *Property claims* or incidents that might give rise to such a claim, whether insured or not? Yes No
 If yes, please provide details:

	Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Open/Closed)	Description of Incident/Claim
A			\$	\$		
B			\$	\$		
C			\$	\$		
D			\$	\$		

ADDITIONAL INSURED

Is coverage needed for Additional Insureds on the GL: A-None B-Lessor/Property Manager C-Vendor D-Franchisor

Name/Address/Interest: _____
 Name/Address/Interest: _____
 Name/Address/Interest: _____

Is coverage needed for Additional Insureds on the Property: A-None B-Lessor/Property Manager C-Vendor D-Franchisor

Name/Address/Interest: _____
 Name/Address/Interest: _____
 Name/Address/Interest: _____

CURRENT COVERAGE INFORMATION

1. Does Applicant carry *General Liability* insurance? Yes No If yes, effective from: _____ to _____
 Insurer: _____ Limits: \$ _____
 Assault & Battery Excluded? Yes No If no, Limits: \$ _____
 Has any insurer cancelled or non-renewed General Liability coverage in the past 3 years? Yes No If yes, explain: _____

2. Does Applicant carry *Liquor Liability* insurance? Yes No If yes, effective from: _____ to _____
 Insurer: _____ Limits: \$ _____
 Assault & Battery Excluded? Yes No If no, Limits: \$ _____
 Has any insurer cancelled or non-renewed Liquor Liability coverage in the past 3 years? Yes No If yes, explain: _____

3. Does Applicant carry *Property* insurance? Yes No If yes, effective from: _____ to _____
 Insurer: _____ Limits: \$ _____
 Has any insurer cancelled or non-renewed Property Liability coverage in the past 3 years? Yes No If yes, explain: _____

APPLICANT'S WARRANTY STATEMENT

I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

FRAUD STATEMENT

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.

Signature of Applicant _____ Title: _____ Date: _____

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant; and that the undersigned is retaining a duplicate signed copy hereof.

Retail Agency: _____ City: _____ State: _____
 Telephone #:() _____ Retail Agency Signature: _____ Date: _____