

RESTAURANT/TAVERN APPLICATION

Effective Date: _____

Expiration Date: _____

Section I - General Information

Name of Insured: _____

DBA: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Location Address: _____ City: _____ State: _____ Zip: _____

Entity: Individual Partnership Corporation Joint Venture Other: _____

List all Owners & Partners: _____

Currently open for business? Yes No **If No, Coverage cannot be bound.**

Number of years at this location under current ownership: _____

Total years in Restaurant/Tavern Management: _____ Total years in Restaurant/Tavern Ownership: _____

Total Receipts: \$ _____ Food Receipts: \$ _____ Alcohol Receipts: \$ _____

Days of operation: _____ Hours of operation: _____

Is Property for sale? Yes No Is operation seasonal? Yes No

Has Applicant ever been involved in Bankruptcy or Liquidation? Yes No If yes, explain: _____

Has Insurance ever been cancelled or non-renewed? Yes No If yes, explain: _____

Has the Applicant ever had citations or violations from any local or state regulatory authorities? Yes No

If yes, explain: _____

Has Applicant ever been convicted of a felony? Yes No If yes, explain: _____

Section II - Premises Information

Distance to ocean/bay/gulf/intercostals: _____ Protection Class: _____

Is parking lot under Insured's control? Yes No If yes, Sq. Ft.: _____

Building Sq. Ft.: _____ Occupied Sq. Ft.: _____ Customer Sq. Ft.: _____ Construction: _____

Building Age: _____ Age of roof: _____ Building Sprinkler System? Yes No

Date of Upgrades: Plumbing: _____ Wiring: _____ Heating: _____ Other: _____

Are renovations taking place? Yes No If yes, explain: _____

Indicate which of the following are occupants of building (if applicable): Rooming Boarding Hotel Apartments

If yes, how many? _____ Describe heat source: _____

Vacancies in Building? Yes No If yes, explain: _____

Burglar/Fire Alarm? Yes No Type: _____

Are facilities rented out? Yes No If yes, number of times per year: _____

Have there been any incidents involving Assault & Battery in the past three (3) years? Yes No If yes, explain: _____

Section III – Cooking Information

Check here if none.

Is there an Automatic Suppression System? Yes No

Does the System protect: All Hoods and Ducts? Yes No Griddles? Yes No Deep Fat Fryers? Yes No
 Open flame? Yes No B-B-Que Pits? Yes No

Does the Applicant have a Service Contract for the Automatic Fire Extinguishing System? Yes No

Date last serviced: _____ Frequency of service: _____

Is there an Automatic Fuel Shut-off Device? Yes No

Do the Deep Fat Fryers have Automatic High Limit Shut-off? Yes No

Is there Tableside cooking? Yes No

Any Off-Premises Catering? Yes No If yes, percentage of total receipts: _____

Section IV – Entertainment Information

Is there Entertainment? Yes No If yes, what type? How often? _____

Is there Dancing? Yes No If yes, size of dance area: _____ sq. ft. # of nights: _____

Amusement Devices? Yes No If yes, what type? How many? _____

Pool Tables? Yes No If yes, how many? _____

Bouncers? ** Yes No

Security Guards? ** Yes No

I.D. Checker? Yes No

Any weapons on premises? Yes No

Section V – Property & Crime Information

Property Coverage	Limit of Insurance	Coins %	Valuation	Causes of Loss*	Deductible.

* Special Form excludes Theft unless indicated

Section VI – Commercial General Liability Information

General Aggregate Limit \$ _____
 Products & Completed Operations Aggregate Limit \$ _____
 Personal & Advertising Injury Limit \$ _____
 Each Occurrence Limit \$ _____
 Fire Damage Liability Limit (any one fire) \$ _____
 Medical Payments Limit (any one person) \$ _____
 Liquor Liability Limit \$ _____
 Deductible \$ _____

Section VII – Liquor Liability Information

Previous Carrier: _____ Policy Number: _____ Expiration Date: _____
Ever Cancelled or Non-renewed? Yes No If yes, explain: _____
Has Applicant ever been fined or cited for violations of a law or ordinance relating to the sale of alcohol? Yes No
If yes, explain: _____
Average Age of Clientele: _____ What is the Seating Capacity? _____
Number of Bartenders: _____ Number of Servers: _____ (In addition to Bartenders)
Name and Telephone Number of Person who keeps books: _____
Does Applicant have any Promotional events? Happy Hour? Yes No Ladies Night? Yes No
Other? Yes No Explain: _____
Have Alcohol Beverage Servers received Certified Training? Yes No If yes, what training? _____

Section VIII – Other Information

Additional Insured: _____
Mortgagee: _____
Loss Payee: _____

Section IX – Loss History Information

Current Location – List all Incidents [1st or 3rd party claims (Paid or Unpaid) and Suits regardless of size] of all Owners, Partners or Stockholders at present location for the Last Five (5) Years. (If None, Please check here).

Prior Location -- List all Incidents [1st or 3rd party claims (Paid or Unpaid) and Suits regardless of size] of all Owners, Partners or Stockholders at prior location for the Last Five (5) Years. (If None, Please check here).

Policy contains Warranty or Representation that Loss Information is correct or Policy shall become Null & Void

Prior Carrier: _____ Expiration Date: _____ Policy Number: _____

The Policy will contain Specific Insuring Agreements:

- Assault & Battery Exclusion – Excludes claims arising out of Assault & Battery for any cause including Negligence in Hiring Retention and Control of Employees. (Applicable to Taverns or Restaurants with 25% or more in Liquor Receipts)
- Punitive Damages Exclusion – Company’s obligation to pay for Bodily Injury shall not include Punitive or Exemplary Damages.

NOTICE TO APPLICANT

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.

REPRESENTATION: I represent that the Information contained herein is true, and that it shall be the basis of the Policy of Insurance and deemed incorporated therein, should the Company evidence its acceptance of this Application by Issuance of a Policy. Furthermore, I hereby authorize the Company, its Agents, and Representatives to secure Claims Information from my current and previous Insurance Carriers.

APPLICANT’S NAME (PRINT): _____

APPLICANT’S SIGNATURE: _____ DATED: _____

LICENSED AGENT/PRODUCER’S SIGNATURE: _____ DATED: _____