



OREGON
(800) 452-9412

WASHINGTON
(866) 499-5714

www.hullconw.com
:

Policy Number:	Proposed Effective and Expiration Date From: To:	Status of Submission <input type="checkbox"/> Quote <input type="checkbox"/> Bind <input type="checkbox"/> Issue	Agent Code:
Check One: <input type="checkbox"/> New Business / Controlled <input type="checkbox"/> New Business / Non-Controlled <input type="checkbox"/> Current Rainier Renewal Business			
Applicant's Name / DBA:		Agent Name:	
Mailing Address:		Agent Address:	
		Agent's Phone Number:	
Applicant's Occupation:		Broker Name: Hull & Company Inc	
APPLICANT PHONE NUMBERS		Broker Address: 6443 SW Beaverton- Hillsdale Hwy, Suite 350	
Home:		Portland, OR 97221	
Cell:	Years in Business:		
Work:	Years of Experience:	Broker's Phone Number: 503-297-8151 / 800-452-9412	
Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC / LLP / LTD <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Other			
ACCOUNTING RECORDS Name: Contact Phone:		INSPECTION RECORDS Name: Contact Phone:	

PREMISES INFORMATION

ADDRESS	INTEREST	YEAR BUILT	% OCCUPANCY

DESCRIPTION OF BUSINESS OPERATIONS

Business Description: <input type="checkbox"/> Bar / Tavern <input type="checkbox"/> Bar / Tavern / Gentlemen's Club			
Hours of Operation: to		Food Sold: %	
		Drinks Sold: %	
Days of Operation: <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT			Table Service? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of full-time employees:		Number of part-time employees:	
Valet Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, is a Garage / Auto policy in force? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of years at this location, under current ownership:	Describe prior related experience:		

UNDERWRITTEN BY:
RAINIER INSURANCE COMPANY®

1411 SW Morrison Street, Suite 400
Portland, OR 97205-1945
800-522-6944 • Fax 800-772-2107

**BARS, TAVERNS AND
GENTLEMEN'S CLUBS
APPLICATION
FOR EXCLUSIVE USE BY:
HULL & COMPANY INC
PORTLAND, OR**

PLEASE PROVIDE THE FOLLOWING- (EXPLAIN ALL "YES" RESPONSES)

GENERAL INFORMATION	EXPLANATION
1. Is the applicant a subsidiary of another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does the applicant have any subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Is a formal safety program in operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Any exposure to flammables, explosives, chemicals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Any other insurance with this company or in the submission process? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Any policy or coverage declined, canceled or non-renewed during the prior 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PRIOR CARRIER INFORMATION

(INCLUDE INFORMATION THAT WOULD BE RECOVERABLE UNDER THIS TYPE OF INSURANCE OCCURRING IN THE PAST 5 YEARS)

GENERAL LIABILITY	YEAR:	YEAR:	YEAR:	YEAR:	YEAR:
CARRIER					
EFF - EXP DATE					
EACH OCC					
PREMIUM					
PROPERTY	YEAR:	YEAR:	YEAR:	YEAR:	YEAR:
CARRIER					
EFF - EXP DATE					
PREMIUM					

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PRIOR LOSS INFORMATION

(INCLUDE INFORMATION FOR ALL LOSSES, INSURED OR UNINSURED, THAT WOULD BE RECOVERABLE UNDER THIS TYPE OF INSURANCE OCCURRING IN THE PAST 5 YEARS)

<input type="checkbox"/> 5 Years Loss Free	<input type="checkbox"/> 3 Years Loss Free	<input type="checkbox"/> One Loss Within Last 3 Years	<input type="checkbox"/> More Than One Loss Within Last 3 Years
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DATE OF LOSS	CARRIER	STATUS	DESCRIPTION OF LOSS	TOTAL INCURRED
		<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED		
		<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED		
		<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED		

ATTACH SEPARATE SHEET FOR COMPANY LOSS RUNS IF ADDITIONAL SPACE IS NEEDED

GENERAL INFORMATION

1. Was the building originally built for this type of operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, describe the original use:	
2. Is the premises tenant occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide a copy of the Lease Agreement between the tenant and building owner.	
3. Maximum Capacity:	
4. Are dumpsters located away from the building? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Is smoking allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Is liquor served? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name on the liquor license:
7. Liquor Liability policy in force? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide proof of Liquor Liability showing greater or equal limits of liability.	
8. Has the liquor license ever been denied or canceled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Are employees allowed to consume alcohol on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Are all servers required to be certified by a formal awareness-training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Any teen or "Under 21" events or nights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Any off-premises events or sponsored activities? (E.g., sports teams, parties, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	
13. Any boxing or ultimate fighting events? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Are there any pyrotechnics used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Are patrons allowed to dance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Mechanical Bull, Surfboard or other rides? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	
17. Does the applicant host a website for the business insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Does the applicant sell any products or merchandise through the website?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Website address:	

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19. If an Adult Club, is full nudity allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a "10-Foot Rule"? <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. What is the height of the tallest dancing pole?	
21. Are there any electronic recordings of employees, dancers or patrons that are used for purposes other than security? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
22. Is there a procedure in place for dealing with unruly patrons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
23. Are there security / "Bouncers" all hours of operation? <input type="checkbox"/> Yes <input type="checkbox"/> No Background checks? <input type="checkbox"/> Yes <input type="checkbox"/> No Signed waivers for security personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No Training on proper removal of unruly patrons? <input type="checkbox"/> Yes <input type="checkbox"/> No Are firearms allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there procedures in place to check ID and to identify intoxicated patrons? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Off-duty Police officers employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Independent contract workers by written contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Is there video surveillance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many days of tape is kept?	

PROPERTY COVERAGE

VALUES							
BLDG.		BPP			BUS. INT.		
\$		\$			\$		
PROPERTY DESCRIPTION							
CONSTR.	DISTR. / HYD	DISTR./FD	FIRE DISTR.	PC	STORIES	YR BUILT	AREA
	Ft.	Mi.					
PROPERTY IMPROVEMENTS				SECURITY			
WIRING	PLUMBING	ROOFING	HEATING	FIRE/CS ALARM	BURG/CS ALARM	SECURITY GUARD	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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FIRE PROTECTION – FOOD SERVICE / KITCHEN

1. Is there any type of cooking done on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2. Microwave cooking only or traditional kitchen prep area and appliances?	<input type="checkbox"/> Microwave Only	<input type="checkbox"/> Traditional Kitchen		
3. Automatic Suppression System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4. Meets UL 300 standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5. Does the automatic extinguishing system protect all:				
Cooking Surfaces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Exhaust Ductwork?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deep-Fat Fryers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hoods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do all deep-fat fryers have high-limit switches? <input type="checkbox"/> Yes <input type="checkbox"/> No				
7. Is a wet chemical fire suppression system used? <input type="checkbox"/> Yes <input type="checkbox"/> No				
8. Is the extinguishing system equipped with an automatic fuel shutoff and easily accessible manual release controls? <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Is there an inspection/maintenance agreement for the system? <input type="checkbox"/> Yes <input type="checkbox"/> No				
10. Is there a maintenance agreement to clean the hood and ductwork? <input type="checkbox"/> Yes <input type="checkbox"/> No				
11. Are the hoods, ducts, filters, deep-fat fryers and fans cleaned regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No				

GENERAL LIABILITY COVERAGE

COMMERCIAL GENERAL LIABILITY/OCCURRENCE		TOTAL ANNUAL RECEIPTS		
GENERAL AGGREGATE	\$	FOOD	\$	
PROD/C. OPS AGGREGATE	INCLUDED	ALCOHOL	\$	
PERS. /ADVERT. INJ.	\$	COVER CHARGES	\$	
EACH OCCURRENCE	\$	ONLINE SALES	\$	
DAMAGE TO RENT. PREM.	\$	OTHER MISC.	\$	
MEDICAL EXPENSE	\$	TOTAL	\$	
ASSAULT & BATTERY	\$	OTHER		
DEDUCTIBLE BI/PD	\$	# VIDEO GAMES:	# POOL TABLES:	# DART-BOARDS:

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ADDITIONAL INTERESTS				
NAME	CERT/INS	A/I	L/PAYEE	MORTGAGEE

ADDITIONAL REMARKS

Applicable in 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 include imprisonment, fines and denial of insurance benefits.

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

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to us as soon as possible any changes in the facts or statements above. Completion of this form does not bind coverage or commit the company to policy issuance.

APPLICANT'S SIGNATURE _____ **DATE** _____

PRODUCER'S SIGNATURE _____ **DATE** _____