

<p>Equipment/Cleaning</p> <p>Type of kitchen fire extinguishing system: <input type="checkbox"/> None <input type="checkbox"/> Dry/Wet Chemical or CO2 <input type="checkbox"/> Water spray</p> <p>How often is the kitchen fire extinguishing system serviced? _____</p> <p>Are hoods and ducts cleaned by an independent service firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how often? _____ Last service date: _____</p> <p>If the age of the building is more than 30 years, the roof, electrical, HVAC and plumbing systems have been replaced or renovated? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____ _____</p>	<p>Company Use</p>										
<p>Premises-Interior/Exterior</p> <p>Are restrooms located on same floor as dining/club area? <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate the total number of floor transitions in the dining/club area: _____ Comments: _____ _____</p> <p>Is parking lot owned by applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If parking lot is not owned by applicant, is applicant responsible for maintenance of the parking lot? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If answer to both above questions is “No”, does applicant indemnify (through the lease agreement), the entity which owns or maintains the parking lot or will such entity be an insured under the applicant’s general Liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>											
<p>Management</p> <p>Indicate number of years of same management: _____</p> <p>Comments on how the management handles customer incidents/complaints (e.g. spilled food, cold drinks, minor slips/falls) _____ _____ _____</p> <p>Safety Procedures and Evacuation Plan in Place: <input type="checkbox"/> Yes <input type="checkbox"/> No Means of Egress: _____ (Attach written guidelines)</p> <p>Maintenance/Housekeeping: (Describe) _____ _____ _____</p> <p>Loss Control Procedures in Place: (attach any prior inspection reports) _____ _____</p>											
<p>Sales</p> <p>Indicate the following for the upcoming 12 months</p> <table border="0"> <tr> <td></td> <td>Total Sales</td> <td>Food</td> <td>Liquor</td> <td>Cover charge</td> </tr> <tr> <td>Estimated Next 12 months</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		Total Sales	Food	Liquor	Cover charge	Estimated Next 12 months	_____	_____	_____	_____	
	Total Sales	Food	Liquor	Cover charge							
Estimated Next 12 months	_____	_____	_____	_____							

Valet Parking (complete only if valet parking service is offered)	Company Use
<p>Is valet parking performed by the club's employees? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Does the establishment check the driving records of valet parking attendants? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Respond to the following if valet parking is performed by an outside firm</p>	
<p>Does outside firm have insurance coverage in force to cover liability arising out of valet parking, including physical damage to customer's autos? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Is club owner included as an insured under the outside firm's garage liability and garage keepers insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Liquor Liability</p>	
<p>Limits of Insurance: _____ Each common Cause _____ Aggregate</p>	
<p>List all violations of state, county, municipal and liquor regulations (including any suspension of liquor license). If none, so state.</p>	
<p>_____</p> <p>_____</p>	
<p>If the police or any other civil authorities have been called to your premises for any reason during the past five years, explain the circumstances. If none, so state.</p>	
<p>_____</p> <p>_____</p>	
<p>Has your liquor liability insurance and general liability insurance been canceled or non-renewed in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If yes, describe the circumstance: _____</p> <p>_____</p>	
<p>Do you offer drink promotions (Happy Hours)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Describe: _____</p>	
<p>Do you subscribe to an alcohol awareness program for employees? If yes, please indicate the name of the program. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>_____</p>	
<p>Percentage of servers attending: _____ Managers: _____</p>	
<p>Describe any liquor liability claims or suits within the past five years whether insured or not (include loss amount). _____</p>	
<p>_____</p> <p>_____</p> <p>_____</p>	
<p>Liquor license number: _____</p>	

Signing this application does not bind the applicant or the company to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

The undersigned hereby warrants that he/she is the authorized representative of the applicant with authority to make this warranty and to execute this application. Further, the undersigned does hereby acknowledge that he/she has read the above and agrees that to the best of his/her knowledge and belief the information supplied fully represents the true statement of fact.

Warning– Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Authorized Representative _____

Title: _____

Date: _____