

**RESTAURANT/BAR/TAVERN/NIGHTCLUB
SUPPLEMENTAL APPLICATION**

1. Applicant: _____
 Address: _____
 Ownership: Sole Proprietorship Partnership Corporation Other _____
 Type of Business: Restaurant Bar/Lounge Night Club Other _____
 Receipts for food: \$ _____ alcohol: \$ _____ other: \$ _____

2. **GENERAL INFORMATION:**

Number of years in this type of business: _____ Number of years this business has been in operation _____
 Business Hours _____ to _____ Number of days business is open per week: _____
 Do you have dancing? Dance floor area: _____

	Yes	No		Yes	No	
Live Band	<input type="checkbox"/>	<input type="checkbox"/>	Female Reviews?	<input type="checkbox"/>	<input type="checkbox"/>	Days per week _____
Dance Floor?	<input type="checkbox"/>	<input type="checkbox"/>	Male Reviews?	<input type="checkbox"/>	<input type="checkbox"/>	Days per week _____
Dancers?	<input type="checkbox"/>	<input type="checkbox"/>	Disc Jockey?	<input type="checkbox"/>	<input type="checkbox"/>	Days per week _____
Bouncers?	<input type="checkbox"/>	<input type="checkbox"/>	Pool Tables?	<input type="checkbox"/>	<input type="checkbox"/>	No. of tables _____
Do bouncers carry weapons? _____			Certificates of Insurance required? _____			
Limits of Liability on Certificate? _____						

Other types of entertainment? Yes No
 Does management ever allow the use of pyrotechnics? Yes No

Clientele Age: 18-25 25-35 Over 35 Years Over 50 Years

3. **PROPERTY COVERAGE INFORMATION**

Age of Building? _____ construction _____ number of stories _____
 Burglar alarm: local central station
 Fire protection: Sprinklers Fire Alarm Local Central Station
 Distance from nearest: a. Responding Fire Station _____ miles b. Fire Hydrant _____ feet
 Fire Extinguishers a. How Many? _____ b. Serviced & tagged within the past year? Yes No
 Last renovation date for: a. Heating system _____ b. Electrical system _____
 Any below-grade facilities, function room, bar, etc.? If so, please explain: _____

4. **COOKING HAZARD QUESTIONNAIRE**

	Yes	No
a. Is any type of cooking done on premises (please circle if microwave cooking ONLY)?	<input type="checkbox"/>	<input type="checkbox"/>
b. UL approved auto extinguishing system over ALL cooking surfaces and deep fryers?	<input type="checkbox"/>	<input type="checkbox"/>
c. Semi-annual service contract for auto extinguishing system?	<input type="checkbox"/>	<input type="checkbox"/>
d. Automatic gas or electric shut offs for cooking with manual pull?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are hoods and ducts equipped with filters?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are filters cleaned at a MINIMUM of once every week?	<input type="checkbox"/>	<input type="checkbox"/>
g. Are hoods and ducts cleaned a MINIMUM of every six months?	<input type="checkbox"/>	<input type="checkbox"/>

h. Are portable fire extinguishers mounted and accessible to cooking areas?

5. GENERAL LIABILITY INFORMATION

Area of: a. Premises _____ square feet b. Parking Lot _____ square feet

Seating capacity: _____ table service: _____ Hall or banquet area? _____ seating/capacity: _____

Amusement devices? _____ if so, what type? _____

Number of Employees: Managers _____ Bartenders _____ Waiter/Waitresses _____ Security/Bouncers _____

Floor covering of areas open to public: Wood Linoleum Tile Carpet Other _____

Surface of parking lot: Gravel Concrete Asphalt No Parking Other _____

Number of Exits _____ Are all exits marked with exit signs? Yes No

Are all exits equipped with panic door hardware? Yes No

If "No", are all exits kept unlocked during business hours? Yes No

Liquor License # _____ Liquor Liability Insurer: Name _____

Policy # _____ Policy Dates _____ to _____

Any Liquor violations in the last (5) five years? _____

I hereby apply for a policy of insurance as set forth in the application and I warrant and certify that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company

Completion of this form does not bind coverage or commit the company to policy issuance.

I hereby warrant and certify that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant

Applicant: _____

Producer: _____

Signature: _____

Date: _____

Producer Signature: _____