



# Bar/Restaurant Product Application – All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

Applicant's Name: \_\_\_\_\_

Location Address: \_\_\_\_\_  Same as mailing address.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Description of Operations:

Do you own the Building?  Yes  No (If No, skip Building Owner Questions under both the Property & Liability Sections below)

### Property Section

Construction:  Frame  Joisted Masonry  Non-Combustible  Masonry Non-Combustible  
 Modified Fire-Resistive  Fire-Resistive  Other \_\_\_\_\_

Protection Class: \_\_\_\_\_

Requested Cause of Loss:  Basic  Special

Requested Valuation:  Replacement Cost  Actual Cash Value

Deductible:  \$1,000  \$2,500  \$5,000

Coinsurance:  80%  90%  100%

Business Personal Property Limit \$ \_\_\_\_\_

Business Income & Extra Expense Limit \$ \_\_\_\_\_

Is there commercial cooking on the premises?  Yes  No

What type of extinguishing system is functioning and operational?  Wet  Dry

Is there a deep fat fryer on the premises?  Yes  No

### Building Owner

Building Limit \$ \_\_\_\_\_

What year was the building constructed? \_\_\_\_\_

What is the square footage of the entire structure? \_\_\_\_\_ sq. ft. \_\_\_\_\_

### General Liability Section

Food Sales	Alcohol Sales	Other Receipts	Total Annual Receipts
\$ _____	\$ _____	\$ _____	\$ _____

Limit:  \$100,000/\$200,000  \$300,000/\$600,000  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000

Years of experience the applicant has in managing this type of operation \_\_\_\_\_

How many nights of major entertainment per week? \_\_\_\_\_

Is the applicant a Gentlemen's Club or is adult/exotic dancing provided?  Yes  No

Is there a dance floor?  Yes  No

Are there tables?  Yes  No

If yes, is there table service?  Yes  No

Does the applicant hire or utilize bouncers?  Yes  No

What is the latest hour of operation? \_\_\_\_\_

Is alcohol served after 12:00 midnight?  Yes  No

In the past three years, have there been any previous claims involving assault and/or battery?  Yes  No

### Building Owner

Is any portion of the building leased to commercial tenants?  Yes  No If Yes, applicable sq. ft. \_\_\_\_\_

Does the applicant lease any apartments at this location?  Yes  No If Yes, Number of Units \_\_\_\_\_

applicable sq. ft. \_\_\_\_\_

### Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you desire a Liquor Liability Quote, please complete a separate Liquor Liability Application (LLA).

**II. LOSS INFORMATION FOR THE PAST 3 YEARS**

<b>Property Coverages</b>		<input type="checkbox"/> None, or provide detail below.	
<b>Year</b>	<b>Status</b>	<b>Incurred</b>	<b>Description</b>
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

<b>General Liability Coverages</b>		<input type="checkbox"/> None, or provide detail below.	
<b>Year</b>	<b>Status</b>	<b>Incurred</b>	<b>Description</b>
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

**III. ADDITIONAL PROPERTY INFORMATION**

If you own the building and it is older than 10 years old, please complete the following:  
 Age of roof \_\_\_\_\_yrs. Plumbing updated (yr)\_\_\_\_\_ Electrical Updated (yr)\_\_\_\_\_ Heating Updated (yr)\_\_\_\_\_  
 Roof Type:  Flat  Wood Shake  Shingle  Metal  Tile  Slate  Other \_\_\_\_\_  
 Plumbing Type:  PVC  Copper  Lead  Galvanized  Other \_\_\_\_\_  
 What type of burglar alarm is on the premises?  Central Station  Local gong  None

**IV. ELIGIBILITY CRITERIA**

- No bankruptcies, tax or credit liens against the applicant in the last 5 years  True  False
- No tax liens or back taxes owed on the property  True  False
- Coverage has not been cancelled or non-renewed in the last 3 years (not applicable in Missouri)  True  False  
 If False, advise reason \_\_\_\_\_

**Property**

- For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers  N/A  True  False
- For any building built prior to 1978, there is no aluminum wiring or knob & tube wiring  N/A  True  False
- All cooking equipment has an in-force cleaning contract  True  False
- Business does not operate on a seasonal basis  True  False
- Functioning and operational fire extinguishers available  True  False
- Functioning and operational smoke and/or heat detectors in all units and/or occupancies  True  False

**General Liability**

- Applicant has not, is not and will not act as a Franchisor (Grantor of a Franchise)  True  False
- All public areas are equipped with functioning and operational smoke/heat detectors  True  False
- All alcohol served within the legally allowable time frames  True  False
- Applicant is the only occupancy in the building or all deep fat frying appliances have automatic extinguishing systems and are all NFPA 96 compliant  True  False
- Every floor with public access has at least 2 means of egress (exits)  True  False
- No exposure to pyrotechnic displays, foam machines, moon bounces, trampolines, rock walls or swimming pools  True  False
- Not situated on a vessel  True  False
- Patrons under 21 years of age are not permitted in the bar area after 11:00 p.m. and applicant does not have "Teen," "Under 21" or similar functions  True  False

**Liquor Liability**

- Is the applicant a **non-profit Private, Fraternal or Social Club**?  Yes\*  No  
 \*If yes, please answer the following:
  - Are same-day memberships available?  Yes  No
  - Are members permitted to bring more than 3 guests per day (excluding banquet activities and immediate family members)?  Yes  No
  - Is self service of alcohol permitted by members?  Yes  No
  - Are any single drinks sold for less than \$.50?  Yes  No
- How long has current owner been operating at this location? \_\_\_\_\_
- Limits desired: Each Common Cause Limit: \_\_\_\_\_ Aggregate Limit: \_\_\_\_\_
- Is applicant requesting Liquor Liability limits greater than General Liability limits carried?  Yes\*  No  
 \* **As a condition of coverage General Liability limits must be maintained at limits equal to or greater than Liquor Liability limits.**
- Does applicant ever sell or serve alcohol away from the premises?  Yes\*  No  
 \*If off-premises coverage is desired, attach a completed Catering Plus Supplemental Liquor Liability Application, form CP APP, to this submission.
- What is the **latest hour the establishment will ever stay open**? \_\_\_\_\_  AM  PM  24 hours  
 a. What time does the **sale or service of alcohol cease**? \_\_\_\_\_  AM  PM  24 hours

7. Type of business (check all that apply):
- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Bar/Tavern    | <input type="checkbox"/> Private/Fraternal Club | <input type="checkbox"/> Exotic Dancing/Strip Club | <input type="checkbox"/> Off-Premises Caterer* |
| <input type="checkbox"/> Nightclub     | <input type="checkbox"/> Country Club           | <input type="checkbox"/> Casino                    | <input type="checkbox"/> Restaurant            |
| <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Banquet Hall*          | <input type="checkbox"/> Pool/Billiard Hall        |  |
- Concessionaire\* (describe venue): \_\_\_\_\_
- Convenience/Liquor Store/Retail Store (if operations are 100% retail with no on-premises consumption of alcohol, questions 21-24 are not applicable)
- Other (describe): \_\_\_\_\_
- \*If type of business is a banquet hall, concessionaire or off-premises caterer, attach a completed Catering Plus Supplemental Liquor Liability Application, form CP APP, to this submission.**
8. **Gross Annual Receipts:** If applicant has more than one operation or sells alcoholic beverages for on & off premises consumption at same location, provide breakdown of receipts by operation:
- |                  | Bar/Lounge | Restaurant | Banquet  | Retail Sales | Other    |
|------------------|------------|------------|----------|--------------|----------|
| FOOD             | \$ _____   | \$ _____   | \$ _____ | \$ _____     | \$ _____ |
| ALCOHOL          | \$ _____   | \$ _____   | \$ _____ | \$ _____     | \$ _____ |
| OTHER (describe) | \$ _____   | \$ _____   | \$ _____ | \$ _____     | \$ _____ |
9. Does applicant have a valid **liquor license**?  Yes  No
10. Has the applicant or any principal with a controlling interest in the applicant filed for bankruptcy in the last 12 months?  Yes  No
11. Are **employees or other persons permitted to consume alcohol** during their hours of employment or service?  Yes  No
12. Are **all** alcohol-servers certified in a **Formal Alcohol Training Course** not mandated by the state?  Yes\*  No
- \*If yes, provide name of the course: \_\_\_\_\_
- To be considered for a credit on your quote, please attach copies of the certificates to this application.*
- Note: The course must be one approved by Company.*
13. **Violations:** Does the applicant have knowledge of any **fines or citations** for violation of law or ordinance related to illegal activities or the sale of alcohol at this location within the past five years?  Yes\*  No
- \*If yes, provide the following information on each fine or citation:
- Date(s): \_\_\_\_\_
- Description(s): \_\_\_\_\_
- Measures in place to prevent future violations: \_\_\_\_\_
14. **Claims:** Has the applicant had any reported **liquor liability and/or assault and battery claims** or notification of potential liquor liability and/or assault and battery claims within the past five years?  Yes\*  No
- \*If yes, provide the following information on each claim: \_\_\_\_\_
- Date(s): \_\_\_\_\_ Description(s): \_\_\_\_\_
- Total incurred losses (reserves and payments): \_\_\_\_\_ Status(open or closed): \_\_\_\_\_
- Measures in place to prevent future incidents: \_\_\_\_\_
15. Does applicant permit **"BYOB"** (bring your own bottle), bottle service or setups?  Yes\*  No
- \*If yes, explain: \_\_\_\_\_
16. Does applicant feature any **entertainment**?  Yes\*  No
- \*If yes: **Major Entertainment** (check all that apply):
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Adult Entertainment/Exotic Dancing             | <input type="checkbox"/> Dance hall        | <input type="checkbox"/> DJ with dancing  |
| <input type="checkbox"/> Band (3 or more members, excluding jazz bands) | <input type="checkbox"/> Dueling piano bar | <input type="checkbox"/> Outdoor Concerts |
- Other (describe): \_\_\_\_\_
- Number of:** \_\_\_\_\_ times per week **or** \_\_\_\_\_ times per year
- Incidental Entertainment** (check all that apply):
- |  |   |                                  |   |                                  |
|--|---|----------------------------------|---|----------------------------------|
| <input type="checkbox"/> Comedy shows  | <input type="checkbox"/> DJ without dancing | <input type="checkbox"/> Karaoke | <input type="checkbox"/> Jazz musicians | <input type="checkbox"/> Jukebox |
| <input type="checkbox"/> Mariachi band | <input type="checkbox"/> Solo vocalist      |                                  |   |                                  |
- Other (describe): \_\_\_\_\_
- Number of:** \_\_\_\_\_ times per week **or** \_\_\_\_\_ times per year
17. Are facilities available for **banquets, receptions or private affairs**?  Yes  No
- a. Number of: \_\_\_\_\_ times per week **or** \_\_\_\_\_ times per year
- b. Are only the applicant and its authorized employees or members permitted to serve alcohol at all events where alcohol is present?  Yes  No\*
- \*If no, are persons serving alcohol who are not applicant's authorized employees or members required to carry Liquor Liability insurance with limits greater than or equal to limits covered under applicant's liquor policy?  Yes  No
18. Is **banquet entertainment provided** by applicant or lessees?  Yes  No
- a. Number of: \_\_\_\_\_ times per week **or** \_\_\_\_\_ times per year

**FINE DINING ESTABLISHMENTS ONLY:**

19. a. Average entrée price: \_\_\_\_\_  
 b. Average bottle of wine price: \_\_\_\_\_  
 c. Number of bottles of wine on the wine list: \_\_\_\_\_

**STATE SECTION** – Please complete the applicable section below based on the state where operations are located.

**DE, KS, MD, SD and VA:**

Please proceed to Section V

**ALL OTHER STATES:**

20. Does the establishment attract a **predominantly youthful or college crowd** ranging from 21-25 years of age?  Yes  No
21. Does or will applicant ever offer (include special events such as New Year’s Eve parties, etc.):
- a. Drink specials/happy hours?  Yes  No
- b. Drink specials/happy hours after 9:00 PM?  Yes  No After 11:00 PM?  Yes  No
- c. More than two complimentary drinks per patron per day?  Yes  No
- d. “All you can drink” specials or other offers involving unlimited alcoholic beverages?  Yes  No
- e. Beer for less than \$1.00?  Yes  No
- f. Liquor or wine for less than \$1.50?  Yes  No
22. **Minnesota risks only:**
- a. Does applicant have a special license to stay open past 1:00 AM?  Yes  No
- b. If a Private, Fraternal, or Social Club, does liquor license restrict service to members only?  Yes  No
23. **Ohio, Pennsylvania and Texas risks only:**
- a. Does the establishment have and utilize an **identification scanner** device to verify age of patron?  Yes  No
24. List expiring **Liquor Liability** carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

**V. ADDITIONAL APPLICANT INFORMATION**

Form of Business:  Individual  Corporation  Partnership  LLC  Other \_\_\_\_\_

What year did the business start? \_\_\_\_\_

Applicant’s Mailing Address: \_\_\_\_\_ (if different than the location address above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address of primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection Contact Name: \_\_\_\_\_ Telephone/Email Address: \_\_\_\_\_

Audit Contact Name: \_\_\_\_\_ Telephone/Email Address: \_\_\_\_\_

**Virginia Notice:** Statements in the application shall be deemed the insured’s representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause “and/or authorization or agreement to bind the insurance.” is replaced with “Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.”

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia Fraud Statement: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** 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.

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

**Maine and Washington Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is

subject to criminal and civil penalties.

**New York Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee and Virginia Fraud Statement:** 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.

**Fraud Statement (All Other States):** 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 is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: \_\_\_\_\_ License #: \_\_\_\_\_

Main Agency Phone Number: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_