



Commercial Information Section

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

AGENCY: _____
AGENT NAME: _____
ADDRESS: _____

EMAIL: _____
PHONE: _____

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: _____ To: _____

12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Year business started:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

5. Previous carrier and loss information (last five years):

Check if no losses last five years.

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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.

APPLICANT NAME AND TITLE: _____
(PRINT)

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

COMMERCIAL PROPERTY SECTION

6. Premises Information:

Loc #	BLD #	Exposure	Amount Requested	Coins. %	Monthly Limitation	ACV/Repl. Cost	Cause of Loss	Deductible	Occupied As
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Other	\$					\$	
		Other	\$					\$	
			\$					\$	
Loc #	BLD #	Mortgagee		Loss Payee					

Construction type: _____ **Year of Updates:** _____
 Protection class: _____ Wiring? Year: _____ Burglar alarm type: Local Central Station
 Number of stories: _____ Heating? Year: _____ Fire alarm type: Local Central Station
 Total square foot area: _____ Plumbing? Year: _____ Sprinklered? Yes No
 Year built: _____ Roof? Year: _____ Operable Smoke Detectors? Yes No

7. Premises Information:

Loc #	BLD #	Exposure	Amount Requested	Coins. %	Monthly Limitation	ACV/Repl. Cost	Cause of Loss	Deductible	Occupied As
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Other	\$					\$	
		Other	\$					\$	
			\$					\$	
Loc #	BLD #	Mortgagee		Loss Payee					

Construction type: _____ **Year of Updates:** _____
 Protection class: _____ Wiring? Year: _____ Burglar alarm type: Local Central Station
 Number of stories: _____ Heating? Year: _____ Fire alarm type: Local Central Station
 Total square foot area: _____ Plumbing? Year: _____ Sprinklered? Yes No
 Year built: _____ Roof? Year: _____ Operable Smoke Detectors? Yes No

COMMERICAL LIABILITY SECTION

LIMITS

GENERAL AGGREGATE	\$ _____	EMPLOYEE BENEFITS LIABILITY	\$ _____
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ _____	DEDUCTIBLE PER CLAIM:	\$ _____
PERSONAL & ADVERTISING INJURY	\$ _____	RETROACTIVE DATE:	_____
EACH OCCURRENCE	\$ _____	NUMBER OF EMPLOYEES:	_____
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$ _____		
MEDICAL EXPENSE (ANY ONE PERSON)	\$ _____		

6. Does applicant subcontract work?..... Yes No

If so, state type: _____

What is the cost (labor & materials) of subcontracted work? \$_____

Are Certificates of Insurance required from all subcontractors?..... Yes No

7. Description of Exposures:

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE

RATING AND PREMIUM BASIS	(P) PAYROLL – PER \$1,000 / PAY (exclude owners & clerical)	(C) TOTAL COST – PER \$1,000 / COST	(U) UNIT – PER UNIT
(S) GROSS SALES – PER \$1,000 / SALES	(A) AREA – PER 1,000 / SQ FT	(M) ADMISSIONS – PER 1,000 / ADM	(T) OTHER

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

INTEREST	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				
<input type="checkbox"/> ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				



RESTAURANTS / BARS / TAVERNS / BOWLING CENTERS / NIGHTCLUB QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section below are answered "YES," you are not eligible for coverage.

1. Do you have any armed security staff? Yes No
2. Is the business considered a punk, rap or underground bar? Yes No
3. Does the business provide or allow: any wrestling, Velcro walls, stage diving, raves, body surfing, foam parties or mosh pits? Yes No
4. Are minors allowed in the bar/tavern area past 9:00 pm? Yes No
5. Do you ever operate as a teen dance club? Yes No
6. Do you have any mechanical or amusement rides? ** Yes No
7. Do you provide adult entertainment and/or "closed off" private rooms? ** Yes No
8. Is the main event area or dance floor not on street level? ** Yes No

**These circumstances may be eligible in CSIC, please submit to your home office underwriter for consideration.

Answer the following question if this is a Bar/Tavern or if the alcohol sales are greater than 50% of the total sales of food and alcohol.

9. Does this business cater to a college crowd or patrons under the age of 30? Yes No

Answer the following question if commercial cooking is present. Any "NO" answers are not eligible for coverage.

10. Does the applicant have a UL-300 system installed? Yes No

GENERAL INFORMATION

1. Total annual gross sales: \$ _____
 - a. Food: \$ _____
 - b. Liquor: \$ _____
 - c. Bowling \$ _____
 - d. Catering \$ _____
 - e. Other: _____ \$ _____

<input type="checkbox"/> Restaurant - No Alcohol	<input type="checkbox"/> Fine Dining	<input type="checkbox"/> Restaurant – Alcohol < 50%
<input type="checkbox"/> Restaurant - Alcohol >50%	<input type="checkbox"/> Sports Bar – Alcohol >50%	<input type="checkbox"/> Pool Hall/Billiard Parlor
<input type="checkbox"/> Private Club	<input type="checkbox"/> Night Club (Refer to brokerage)	<input type="checkbox"/> Banquet Facilities

<input type="checkbox"/> Wine Bar	<input type="checkbox"/> Gentlemen's Club (CSIC only)	<input type="checkbox"/> Other (describe below)

2. Does the applicant offer regular food delivery service? Yes No
3. Management's years of experience in the restaurant/bar/tavern industry? _____
Note: Experience is defined as the ownership or general managing of a similar establishment. Shift or line management experience does not apply to experience for the purpose of this question.
4. Is your building located on a wharf, pier, beach, dock, or on pilings? Yes No
 - a. If "YES," how many boat slips are available for customers to use? _____
5. Is the building owned by this insured? Yes No
 - a. If "YES," are there any apartment units rented to others? Yes No
 - b. Is any portion of the building vacant? Yes No
 - i. What percent is vacant and why: _____
7. Has the business incurred any public code violations or has the health department taken actions against the business license? Yes No
 - a. If "YES," explain: _____
8. Does your business stay open past 2:00 AM (Nevada risk, need not answer)? Yes No
 - a. If "YES," explain why and any additional staffing used: _____
9. Does the business employ "bouncers," ID checkers or other security personnel? Yes No
10. Does the business provide full bottle service other than fine dining establishments that provide full bottles of wine? Yes No

BOWLING CENTERS (COMPLETE IF APPLICABLE)

1. Is the bowling center open past 2:00 AM? Yes No
2. How many lanes does the center have? _____

ENTERTAINMENT INFORMATION

1. Live entertainment provided? Yes No
 - a. If "YES," describe the frequency of the live entertainment: _____
 - b. Please indicate the type of live entertainment:

<input type="checkbox"/> DJ / Karaoke	<input type="checkbox"/> Live Band	<input type="checkbox"/> Exotic Dancers
<input type="checkbox"/> Stage/Floor Show (describe): _____		

2. Does the business have a dance floor? Yes No
 a. If "YES," describe (square footage, raised or sunken, lighting, etc.):

3. Are there any sports competitions on the premises? Yes No
 a. If "YES," describe including how many (volleyball, basketball, baseball, horseshoes, etc.)

4. Are there any climbing playrooms or playgrounds on the premises? Yes No

COOKING HAZARDS

1. What type of automatic extinguishing system is the risk equipped with (wet or dry chemical)? Wet Dry
2. Do you have at least a semi-annual service contract for auto extinguishing systems? Yes No
3. Are filters, hoods, and ducts cleaned at a MINIMUM of every six months? Yes No
4. Is there tableside cooking or open pit barbecues? Yes No

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

 Applicant Signature Title Date

 Producer Signature Date



LIQUOR LIABILITY APPLICATION

Complete a separate application for each location.

Applicant's Name: _____ _____ Mailing Address: _____ _____ Location Address: _____ _____ Website Address: _____	Agency Name: _____ Agent: _____ Address: _____ _____ E-Mail: _____ Phone: _____
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PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Inspection Contact Name: _____ **Phone:** _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

Limits of Liability Requested	
Each Common Cause	Aggregate
\$ _____	\$ _____

1. Classification of risk:

- | | | |
|--|--|--|
| <input type="checkbox"/> Arena/Stadium | <input type="checkbox"/> Auditorium | <input type="checkbox"/> Banquet Hall |
| <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Bartender/Liquor service only | <input type="checkbox"/> Bowling Alley |
| <input type="checkbox"/> Casino/Gaming | <input type="checkbox"/> Catering Service | <input type="checkbox"/> Comedy Club |
| <input type="checkbox"/> Concession Stand | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Drive-through Daiquiri Shop |
| <input type="checkbox"/> Exercise & Health Studio | <input type="checkbox"/> Exhibit Hall | <input type="checkbox"/> Fairground |
| <input type="checkbox"/> Gentlemen's/Strip Club | <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Liquor Distributor/Wholesaler | <input type="checkbox"/> Liquor Manufacturer/Brewery | <input type="checkbox"/> Liquor/Package Store |
| <input type="checkbox"/> Microbrewery | <input type="checkbox"/> Nightclub | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Social Club | <input type="checkbox"/> Special Event | <input type="checkbox"/> Sports Field |
| <input type="checkbox"/> Winery | <input type="checkbox"/> Other (Describe): _____ | |

2. Are patrons allowed to bring their own alcoholic beverages? Yes No
3. Has applicant ever been assessed a fine for violation of a law concerning the sale of alcohol, or had their liquor license suspended/revoked? Yes No
If yes, when and why? _____
4. Name on liquor license: _____ Type of liquor license: _____
5. Estimated liquor receipts: \$ _____
Other receipts: \$ _____
6. Average price for:
Beer \$ _____
Wine \$ _____
Liquor \$ _____
7. Percentage of receipts for on-premises consumption: %
8. Percentage of receipts for off-premises consumption: %
9. Estimated food receipts: \$ _____
10. Percentage of liquor receipts to total receipts: %
11. How many years has the applicant been in business?
12. How many years has the applicant been at this location?
13. Premises within city limits? Yes No
14. Square foot area of establishment: _____ (Maximum Occupancy: _____)
15. How many days per week is the location open?
16. What time does the location close? _____ Hours of serving: _____
17. Number of servers?
18. Have all servers been through alcohol awareness server training (i.e., TIPS, TOPS)? Yes No
Type of course:
How often required?
Ride home policy? Yes No
19. How often does the manager review liquor liability laws with employees (including penalties for serving intoxicated customers)? Yes No
20. Are procedures in place regulating the sale of alcohol to minors and those under the influence? Yes No
If yes, describe: _____
How is age of customer verified? _____
21. Type of clientele: Area Residents Area Workers Tourists College Other: _____
22. Percent of clientele:
25 & under %
26-30 %
Over 30 %
23. Type of area: Industrial or Commercial Residential Rural Other: _____
Located on or near college campus? Yes No

24. **Is there an entrance fee or cover charge?** Yes No
If yes, what is the amount? \$ _____

25. **Does applicant have "Happy Hour" or 2-for-1 drink specials?** Yes No
Is last call announced? Yes No
Are customers allowed more than one drink at last call? Yes No

26. **Any internet or mail order liquor sales?** Yes No

27. Security Activities:

Security provided (check all applicable):

- Bouncers Doormen Off Duty Police Contracted Security Guards
 Inside Outside Armed Unarmed

Other—Describe: _____

Any firearms kept or carried on the premises? Yes No

28. **Are there procedures for handling violent or disruptive patrons?** Yes No
If yes, describe: _____

29. Types of entertainment activities:

- Darts DJ Exotic Dancing Jukebox Karaoke Pinball Machine

Dance Floor Size: _____

Electronic Games Type: _____

Live Entertainment Type and how often: _____

Mechanical Devices Type: _____

Pool Table(s) Number: _____

Other activities that would include patron participation (such as: wrestling, boxing, volleyball, etc.): _____

Special Promotions Yes No

If yes, describe: _____

30. Gentlemen's/Strip Clubs:

Turnover rate for staff: _____

Are servers/dancers in training? Yes No

Does applicant prohibit serving of alcohol after hours to their staff? Yes No

Are clients allowed to purchase drinks for dancers/hostesses? Yes No

31. Manufacturer:

Are tours of facility provided? Yes No

Are free samples given? Yes No

If yes, how is quantity controlled? _____

32. Distributor:

Any sponsored events? Yes No

If yes, describe: _____

Policy for giving away alcoholic beverages by Sponsor? Yes No

If yes, describe: _____

33. Caterers:

Are clients/guests allowed to mix their own drinks? Yes No

Does caterer provide liquor or bartending service?..... Yes No

34. Additional Insured Information:

Name	Address	Interest

35. During the past three years, has any company ever canceled, declined or refused similar insurance to the applicant? (Not applicable in Missouri) Yes No

If yes, explain: _____

36. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			

37. Loss History:

Indicate all Liquor Liability claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses in the last three years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

I understand that Liquor Liability is a separate coverage part and the limits requested in this application apply solely to liquor liability coverage and may differ from the General Liability limits afforded in my commercial package policy.

I further understand that the Company is relying upon statements I have made in this application as an inducement to provide insurance for Liquor Liability coverage.

FRAUD WARNING: 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. **(Not applicable to Oregon.)**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.