

## 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 three years. If there is loss history, please complete the entire application.

Applicant's name: \_\_\_\_\_

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

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

Web address: \_\_\_\_\_

Description of operations:

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

How many years has the applicant been at the current location? \_\_\_\_\_

#### 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

Coinurance: ☐ 80% ☐ 90% ☐ 100%

Business personal property limit \$ \_\_\_\_\_

Business income and 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.

Is the building fully protected by an operational sprinkler system covering 100% of the premises? ☐ Yes ☐ No

#### 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 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 Section IV Eligibility Criteria, Liquor Liability section of this application.

## II LOSS INFORMATION FOR THE PAST THREE YEARS

Property Coverages ☐ None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

General Liability Coverages ☐ None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

## III. ADDITIONAL PROPERTY INFORMATION

If you own the building and it is more 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

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

### Property

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

### General Liability

1. Applicant has not, is not and will not act as a franchisor (grantor of a franchise) ☐ True ☐ False
2. All public areas are equipped with functioning and operational smoke/heat detectors ☐ True ☐ False
3. All alcohol served within the legally allowable time frames ☐ True ☐ False
4. 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
5. Every floor with public access has at least two means of egress (exits) ☐ True ☐ False
6. No exposure to pyrotechnic displays, foam machines, moon bounces, trampolines, rock walls or swimming pools ☐ True ☐ False
7. No exposure to mechanical bull or mechanical riding devices ☐ True ☐ False
8. Not situated on a vessel ☐ True ☐ False
9. Patrons under 21 years of age are not permitted in the bar area after 11 p.m. and applicant does not have "teen," "under 21" or similar functions ☐ True ☐ False
10. No inhalation of oxygen gas from tanks or hookah smoking on premises ☐ True ☐ False

### Liquor Liability

1. Is the applicant a nonprofit private, fraternal or social club? ☐ Yes\* ☐ No  
 \*If "Yes," please answer the following:
    - a. Are same-day memberships available? ☐ Yes ☐ No
    - b. Are members permitted to bring more than three guests per day (excluding banquet activities and immediate family members)? ☐ Yes ☐ No
    - c. Is self service of alcohol permitted by members? ☐ Yes ☐ No
    - d. Are any single drinks sold for less than \$0.50? ☐ Yes ☐ No
  2. How long has current owner been operating at this location? \_\_\_\_\_
  3. Limits desired: Each common cause limit: \_\_\_\_\_ Aggregate limit: \_\_\_\_\_
  4. 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.
5. 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.
  6. 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):

- ☐ Bar/Tavern
 ☐ Private/Fraternal club
 ☐ Exotic dancing/Strip club
 ☐ Off-premises caterer\*
 ☐ Nightclub
 ☐ Country club
 ☐ Casino
 ☐ Restaurant
 ☐ Bowling alley
 ☐ Banquet hall\*
 ☐ Pool/Billiard hall

☐ Concessionaire\* (describe venue): \_\_\_\_\_

☐ Convenience/Liquor store/Retail store (if operations are 100% retail with no on-premises consumption of alcohol, questions 15-19 and 21-22 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 and 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):

- ☐ Adult entertainment/Exotic dancing
 ☐ Dance hall
 ☐ DJ with dancing
 ☐ Band (three or more members, excluding jazz bands)
 ☐ Dueling piano bar
 ☐ Outdoor concerts
 ☐ Other (describe): \_\_\_\_\_

Number of: \_\_\_\_\_ times per week OR \_\_\_\_\_ times per year

Incidental entertainment (check all that apply):

- ☐ Comedy shows
 ☐ DJ without dancing
 ☐ Karaoke
 ☐ Jazz musicians
 ☐ Jukebox
 ☐ Mariachi band
 ☐ 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.): ☐ Yes ☐ No
- a. Drink specials/happy hours? ☐ Yes ☐ No
- b. Drink specials/happy hours after 9 p.m.? ☐ Yes ☐ No After 11 p.m.? ☐ 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? ☐ Yes ☐ No
- f. Liquor or wine for less than \$1.50? ☐ Yes ☐ No
22. a. Are patrons under the legal drinking age permitted on the premises? ☐ Yes ☐ No
- b. Are patrons under the legal drinking age permitted on the premises after 11 p.m.? ☐ Yes ☐ No
23. Minnesota risks only:
- a. Does applicant have a special license to stay open past 1 a.m.? ☐ Yes ☐ No
- b. If a private, fraternal or social club, does liquor license restrict service to members only? ☐ Yes ☐ No
24. Ohio, Pennsylvania and Texas risks only:
- a. Does the establishment have and utilize an identification scanner device to verify age of patron? ☐ Yes ☐ No
25. 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/E-mail address: \_\_\_\_\_

Audit contact name: \_\_\_\_\_ Telephone/E-mail 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:** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**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.

**Applicant's Warranty Statement:** I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

**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 may be 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: \_\_\_\_\_