



Nightclub Application

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*must complete a separate application for each location

Retailer Name:		Wholesaler Name:	
Proposed Effective Date:(mm/dd/yyyy)		Proposed Expiration Date:(mm/dd/yyyy)	
Corporate Name:		Trading Name:	
Location Address:		<input type="checkbox"/> Applicant Has Multiple Locations	Number of Locations:
City:	State:	Zip:	
Website:		Phone:	
Mailing Address (if different):			
City:		State:	Zip:
Business Formation Year:	Is the applicant a sole proprietorship?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was there ever a food and/or beverage operation at this location prior to applicant's ownership?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant or any active partner filed for bankruptcy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant or any owner or principal ever been convicted of a felony?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of years of management experience the General Manager/Owner has at this location or another location that is a similar establishment:			
Does the applicant own the building/property?		<input type="checkbox"/> Yes <input type="checkbox"/> No	% of Building Occupied by Applicant:
If Yes, does the building have any commercial tenants?		<input type="checkbox"/> Yes <input type="checkbox"/> No	% of Building Vacant:
If Yes, please list all commercial tenants & provide a detailed description of operations for each:			
Do all commercial tenants provide certificates of insurance evidencing equal limits and naming the applicant and their entities as additional insured?			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the building have Apartments?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, # of Apartments:
Is the business operational all year round?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, provide months of operation:

PRIOR COVERAGE INFORMATION (3 Years History)

Coverage	Year	Prior Carrier	Prior Premiums
Liability			
Liquor			
Excess			

PLEASE SELECT THE COVERAGE(S) DESIRED

<input type="checkbox"/> General Liability	Limit Requested \$
<input type="checkbox"/> Liquor Liability	Limit Requested \$
<input type="checkbox"/> Assault and Battery	<input type="checkbox"/> \$100,000 Limit <input type="checkbox"/> \$1,000,000 Limit
<input type="checkbox"/> Employee Benefits	Retro Date (If Applicable):
<input type="checkbox"/> Hired Auto	<input type="checkbox"/> Non-Owned Auto
Do you want to increase the Damage to Rented Premises Limit (\$50,000 standard limit provided):	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, Limit Requested?
Total Square Footage:	Legal Capacity:

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Is there cooking on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the cooking area, hood and duct system protected by a fire extinguishing system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any table side cooking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant(s) ever been cited by the Board of Health?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOURS OF OPERATIONS

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
TO	TO	TO	TO	TO	TO	TO

Does the applicant ever engage in 24 hour operations? Yes No

PARKING OPERATIONS

Does the applicant have a parking lot? Yes No How many spaces? _____

Is parking lot used for special events? Yes No

Provide address of any off premise lots to be included (spaces should be included in total above)

Does the applicant offer valet parking? Yes No If yes, is valet parking provided by: Employees Third Party Contractor

If provided by third party contractor, do they provide certificates of insurance evidencing Garagekeepers coverage with at least \$100,000 per auto and \$1,000,000 aggregate and naming the applicant and their landlord entities as additional insured? Yes No

RECEIPTS

Total Food Receipts	\$	Total Banquet/Catering Receipts	\$
Total Alcohol Receipts	\$	Total Other (not listed) Receipts	\$
Total Door/Cover Receipts	\$	Total Expense Paid to Bands for Live Music	\$
Total Ticket Sales for Live Music Receipts	\$	Total Expense for Comp Admissions	\$

Total Gross Receipts (For Proposed Term) \$	Total Gross Receipts (For Prior 12 Months) \$
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Does the applicant engage in facility or room rentals for private events? Yes No

Does the applicant engage in off premise catering events? Yes No

ENTERTAINMENT

Does the applicant have or plan to have during the policy period any of the following types of entertainment?

(select all that apply and indicate the frequency)

<input type="checkbox"/> DJ	times per week:	<input type="checkbox"/> National Touring Acts/Bands	times per week:
<input type="checkbox"/> Adult/Exotic Dancers	times per week:	<input type="checkbox"/> Karaoke	times per week:
<input type="checkbox"/> Boxing/Ultimate Fighting Tough Man Events	times per week:	<input type="checkbox"/> Live Mic Night Piano/Jazz Performer	times per week:
<input type="checkbox"/> Comedy Acts	times per week:	<input type="checkbox"/> Local Acts/Bands	times per week:

Are patrons permitted to dance? Yes No

Does the applicant allow anyone to dance or stand on any raised equipment, including but not limited to, speakers, furniture, tables, chairs, or bar-top? Yes No

Does the applicant ever have or plan to have any type of stunt activity on premises? (Stunt activity includes but is not limited to any type of acrobatics, carnival acts such as flame or sword swallowing, etc) Yes No

If Yes, provide explanation:

Does the applicant ever allow open flames and/or incendiary devices on the premises? Yes No

If Yes, provide explanation:

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Does the applicant have or plan to have during the policy period any of the following entertainment devices on premises?
(select all that apply and indicate the quantity)

<input type="checkbox"/> Video Games	Quantity:	<input type="checkbox"/> TV's	Quantity:
<input type="checkbox"/> Pool Tables	Quantity:	<input type="checkbox"/> Punching Bag Game	Quantity:
<input type="checkbox"/> Dart Boards	Quantity:	<input type="checkbox"/> Other	Quantity:
If Other, provide explanation:			

Does the applicant have or plan to have during the policy period any of the following interactive amusement device or activity on premises? (select all that apply)

<input type="checkbox"/> Mechanical Bull, Surfboard, or other rides	<input type="checkbox"/> Trampolines
<input type="checkbox"/> Foam Parties	<input type="checkbox"/> Dunk Tanks
<input type="checkbox"/> Inflatable's	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Climbing Walls	<input type="checkbox"/> Sauna, Hot Tubs, or Showers
<input type="checkbox"/> Athletic Courts	<input type="checkbox"/> Children's Playground Equipment
<input type="checkbox"/> Horseshoes, Cornhole or Similar Game	<input type="checkbox"/> Other
If Other, provide explanation:	

If Yes, to the swimming pool, sauna, or hot tub, does the applicant operate the swimming pool, sauna and/or hot tub in compliance with all regulatory laws and guidelines? Yes No

OTHER BUSINESS LOCATIONS

<input type="checkbox"/> Docks, Slips or Piers (on water)	Number of Slips:	Provide Address:
<input type="checkbox"/> Office (if separate location)	Square footage:	Provide Address:
<input type="checkbox"/> Warehouse/Storage (if separate location)	Square footage:	Provide Address:
<input type="checkbox"/> Dwellings	Provide Address:	
<input type="checkbox"/> Radio/TV Broadcasting Stations	Number:	Provide Address:
<input type="checkbox"/> Vacant Building	Square footage:	Provide Address:
<input type="checkbox"/> Vacant Land	Per Acre:	Provide Address:
<input type="checkbox"/> Bathhouse or Bathing Pavilion	Number:	
<input type="checkbox"/> Package Liquor Store	Provide Address:	
<input type="checkbox"/> Other (Provide explanation and description)		

OPERATIONS

Does or will the applicant ever allow persons other than employees trained in a properly accredited alcohol awareness program to serve alcohol to patrons (e.g., other patrons, guest bartender, etc.)? If Yes, provide explanation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant ever permit or sponsor alcohol consumption games (e.g., beer pong, flip cup, etc.) or permit the use of alcohol consumption enticing equipment (e.g., beer bong, funnels, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does or will applicant engage in any type of alcohol promotions during the policy period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, does or will the applicant offer Open Bars/All You can drink specials (other than during facility or private rentals)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does or will the applicant offer any drink prices reduced to \$1.00 or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does or will the applicant offer any drink specials in violation of any statute or regulatory rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Does the applicant ever permit "BYOB" on the insured location?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the applicant ever have package alcohol sales for off-premises consumption?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, what percent (%) of receipts are derived from off-premises sales?	_____ %					
Does or will the applicant ever:						
Permit patrons who are under 18 on the premises after 10:00 PM?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Permit patrons who are over 18 but under 21 on the premises after 10:00 PM?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes for either, will the applicant utilize Tyvek wristbands to distinguish between those of legal drinking age and those under the legal drinking age?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the applicant ever permit employees or other persons serving alcohol to consume alcohol during their hours of employment or service?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the applicant ever permit the service of alcohol after the established legal operating hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Are patrons ever allowed on premises one hour after the established legal alcohol service cut-off time?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the applicant been fined or cited for violations of law or ordinances related to illegal activities or the sale of alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Are firearms kept or permitted on premises by anyone other than police officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, provide explanation:						
Does the applicant have any persons whose primary role is security, bouncer, ID checker and/or door person? If Yes, are persons:	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Employees <input type="checkbox"/> Contractors <input type="checkbox"/> Both						
If persons are Employees:						
Are background checks completed on all security employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the applicant ever employ persons who have been charged, sued and/or convicted with any assault and/or battery allegations? If Yes, provide explanation:	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Are employees whose primary role involves security related functions required to be licensed by the state?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, are all employees actively licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
If applicant uses contractors for security:						
Does the applicant have a written agreement with these contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, please submit a copy for our review						
If provided by contractor, do they provide certificates of insurance evidencing EQUAL General Liability limits and naming the applicant and their landlord entities as additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the applicant have a written policy regarding the striking and/or assaulting of patrons that is signed by all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the applicant engage police officers for work in or about the insured location?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Please check the appropriate box(es) to indicate how the police officers are engaged and their services invoiced:						
<input type="checkbox"/> Through Municipality <input type="checkbox"/> Through a Secondary Employment Company <input type="checkbox"/> As an Individual						
Number of security per night				Maximum number of security per night:		
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

ADDITIONAL INSURED (Please list any other entities applicant is requesting to be added as Additional Insured)

Additional Insured:	Mailing Address:
Additional Insured:	Mailing Address:
Additional Insured:	Mailing Address:
Additional Insured:	Mailing Address:

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FRAUD STATEMENT

FRAUD STATEMENT: Any person who knowingly and with the 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.

Please check the appropriate box in each of the below claim history questions.

The Applicant hereby certifies, based upon reasonable and diligent investigation and to the best of the knowledge of the applicant, its owners, officers, employees and representatives, that with respect to the insured operation(s) and location(s) for which this application is being submitted:

There **have/** **have not** been two or more claims in any single policy period.

There **have/** **have not** been at any time any alcohol-related claims.

There **have/** **have not** been claims during any policy period exceeding \$25,000 in value based upon either the accumulated reserve or paid settlement amount.

WARRANT: THE UNDERSIGNED REPRESENTS AND WARRANTS, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, BASED ON REASONABLE INQUIRY, THAT THE PARTICULARS AND STATEMENTS SET FORTH ON THIS APPLICATION ARE TRUE, CORRECT AND ENTIRELY COMPLETE, AND THERE ARE NO OTHER RISK FACTORS THAT HAVE NOT BEEN DISCLOSED HEREIN. IF ANY PARTICULARS OR STATEMENTS ARE MATERIALLY MISREPRESENTED OR MATERIAL INFORMATION HAS BEEN OMITTED INTENTIONALLY OR ACCIDENTALLY, SUCH MISREPRESENTATION OR OMISSION WILL VOID ANY ISSUED COVERAGES AND THE INSURANCE COMPANY WILL HAVE NO DUTY TO DEFEND ANY CLAIMS, PAY ANY DAMAGES, OR PAY SUMS OR PERFORM ACTS OR SERVICES. THE UNDERSIGNED AGREES AND ACKNOWLEDGES THAT THE PARTICULARS AND STATEMENTS SET FORTH HEREIN ARE MATERIAL TO THE ACCEPTANCE OF THE RISK ASSUMED BY THE INSURANCE COMPANY AND THAT THE INSURANCE COMPANY IS RELYING UPON THE TRUTH AND COMPLETENESS OF THE RISK FACTORS DISCLOSED HEREIN. IT IS AGREED BY THE UNDERSIGNED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED HERewith, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF THE POLICY. IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE UNDERWRITER IMMEDIATELY IN WRITING AND THE UNDERWRITER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR PROPOSAL.

Signature of applicant*

Title:

Date:

(Must be Owner, Officer, or Partner)

(Required)

(Required)

* SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED.