



**Supplemental Application for Restaurant/Bar/Tavern/Night Club**

**I. GENERAL INFORMATION**

Applicant Name: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Type of Business:  Restaurant  Bar/Lounge  Night Club  Other  
 Receipts for Food: \$ \_\_\_\_\_ Alcohol: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

**II. PRIOR CARRIER INFORMATION**

Carrier: \_\_\_\_\_ Year: \_\_\_\_\_ Year: \_\_\_\_\_ Year: \_\_\_\_\_ Year: \_\_\_\_\_  
 Policy No.: \_\_\_\_\_  
 Total Premium: \_\_\_\_\_

**III. DESCRIPTION OF OPERATIONS**

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?  Yes  No If yes, dance floor area: \_\_\_\_\_  
 Yes No Yes No  
 Live Band?   Female Reviews?   Days per week \_\_\_\_\_  
 Dance Floor?   Male Reviews?   Days per week \_\_\_\_\_  
 Dancers?   Disc Jockey?   Days per week \_\_\_\_\_  
 Bouncers?   Pool Tables?   No. of Tables \_\_\_\_\_  
 Do bouncers carry weapons?  Yes  No Certificates of Insurance required?  Yes  No  
 Limits of Liability on Certificates? \_\_\_\_\_  
 Other types of entertainment? \_\_\_\_\_  
 Does management ever allow the use of pyrotechnics?  Yes  No Certificates of Insurance required?  Yes  No  
 Clientele Age  18-25  25-35  Over 35 years  Over 50 years  
 Age of Building? \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Burglar Alarm:  local  central station  
 Fire Protection:  Sprinklers  Fire Alarm  Local  Central Station  
 Last renovation date for: \_\_\_\_\_ Heating system: \_\_\_\_\_ Electrical system: \_\_\_\_\_  
 Area of premises: \_\_\_\_\_ square feet  
 Floor covering of areas open to public:  Wood  Linoleum  Tile  Carpet  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  
 Area of parking lot: \_\_\_\_\_ square feet  
 Surface of parking lot:  Gravel  Concrete  Asphalt  No Parking  Other \_\_\_\_\_  
 Seating capacity: \_\_\_\_\_ Table service: \_\_\_\_\_ Hall or banquet area?  Yes  No Seating capacity: \_\_\_\_\_  
 Liquor License #: \_\_\_\_\_ Liquor Liability Carrier: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Policy Dates: \_\_\_\_\_ to \_\_\_\_\_  
 Any Liquor violations in the last five (5) years?  Yes  No If yes, describe: \_\_\_\_\_

#### IV. COOKING HAZARDS

- Is any type of cooking done on premises (please circle if microwave cooking ONLY)?  Yes  No
- UL approved auto extinguishing system over ALL cooking surfaces and deep fryers?  Yes  No
- Semi-annual service contract for auto extinguishing system?  Yes  No
- Automatic gas or electric shut offs for cooking with manual pull?  Yes  No
- Are hoods and ducts equipped with filters?  Yes  No
- Are filters cleaned a MINIMUM of once every week?  Yes  No
- Are hoods and ducts cleaned a MINIMUM of every six months?  Yes  No
- Are portable fire extinguishers mounted and accessible to cooking areas?  Yes  No

#### V. LOSS INFORMATION

- During the past three years has any company ever cancelled, non-renewed, declined, or refused to issue similar insurance to the applicant?  Yes  No
- If yes, please explain:

#### VI. 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 and shall also be subject to a civil penalty.**

#### VII. WARRANTIES

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.

Signature of Applicant

Title:

Date:

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.

Name of Producing Agency

Signature of Producing Agent

Date

**SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY**