



Bars and Taverns/Restaurants/Night Clubs

BARS AND TAVERNS/RESTAURANTS/NIGHT CLUBS APPLICATION

Check one and Complete Appropriate Sections

- Package (GL & Property) & Liquor Liability
- Package (GL & Property)
- Liquor Liability only
- General Liability & Liquor Liability
- General Liability only
- Commercial Property only

GENERAL INFORMATION SECTION

1. Applicant's Name: _____ D/B/A: _____
2. Are we the expiring carrier on any of the lines of business checked above? Yes No
If yes, provide policy number(s) _____
3. Applicant is: Sole Proprietorship Partnership Corporation LLC Other _____
4. Mailing Address: _____
E-mail Address: _____ Website Address: _____
5. Location Address: _____
Location # _____ Note: submit a separate application for each location.
6. Building Interest: Owner Tenant If tenant, part occupied _____%
7. Business of Applicant (Check all that apply):

<input type="checkbox"/> Bar/Tavern	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Nightclub	<input type="checkbox"/> Banquet Hall
<input type="checkbox"/> Comedy Club	<input type="checkbox"/> Adult Entertainment/Strip Clubs	<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Pool/Billiard Hall
<input type="checkbox"/> Private/Fraternal Club	<input type="checkbox"/> Takeout/Package Store	<input type="checkbox"/> Karaoke/Hostess Bar	<input type="checkbox"/> Casino/Gaming
<input type="checkbox"/> Catering-Off Premises	<input type="checkbox"/> Other-Describe _____		
8. What is the month and year the current owner began business at this location? _____
9. Years of experience managing this type of operation (i.e. restaurant, bar, nightclub): _____
10. Has applicant ever operated this location under a different name or DBA (other than above)? Yes No
11. If yes, provide name or DBA used: _____

- | | Prohibited | Eligible |
|---|------------------------------|------------------------------|
| 12. Has the applicant or majority partner filed for bankruptcy within the past five years?
(answer does not affect General Liability eligibility) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Is all electrical system connected to functional and operational circuit breakers?
(answer does not affect liquor eligibility) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 14. Does the electrical system have aluminum wiring? (answer does not affect liquor eligibility) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Does the electrical system have knob & tube wiring? (answer does not affect liquor eligibility) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Does the applicant have or sponsor any "Teen" or "Under 21" nights, or permit patrons under the age of 21 in a bar area after 10:00 PM? (answer does not affect property eligibility) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
17. Total Sq Ft of building _____ Area occupied by the Applicant-Sq. Ft. _____
Apartment Area-Sq Ft _____ #of Apartment Units _____ Area Leased to Others -Sq. Ft. _____
 18. What is the latest hour of operation? _____
 19. Is the property seasonal? Yes No
If yes, months closed: _____
 20. Are there Bouncers/Security/Doormen? Yes No
 21. What is the average age of clientele? Under 21 21-25 Over 25

22. Total Annual Receipts

Food - on premises consumption	Food - off premises consumption	Alcohol - on premises consumption	Alcohol - off premises consumption	Describe other Receipts
\$	\$	\$	\$	\$

GENERAL LIABILITY SECTION

23. Limits Desired

General Aggregate	\$	Personal and Advertising Injury	\$
Products & Complete Operations Aggregate	\$	Fire Damage (Any one fire)	\$
Each Occurrence	\$	Medical Expense (Any one person)	\$

24. Hired and Non-Owned Auto Liability Check if coverage is desired

Note: If Hired/Non-Owned is checked, limit will equal General Liability Occurrence limit.

If checked, answer a through c.

- | | | |
|--|------------------------------|-----------------------------|
| | Prohibited | Eligible |
| a. Does the applicant have a Business (or Commercial) Automobile Insurance Policy in force? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the applicant regularly deliver goods or products? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Does the applicant require its employees to use their personal automobile to conduct the applicant's business on a regular basis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
25. Any firearms kept or permitted on premises or are off-duty police officers or armed guards employed? Yes No
26. Is a secondary means of egress provided for each floor (including basement) having public access? No Yes
27. Are there functioning smoke or heat detectors used in all public areas, and if building owner, in all habitational units? No Yes
28. Does applicant have any of the following exposures: mechanical rides, moon bounces, trampoline, rock walls, pyrotechnics or foam machines? Yes No
29. If there is another occupancy in the building, are all deep fat frying appliances protected per NFPA 96 (Automatic Fire Extinguishing System)? No Yes
30. Within the past five years has **General Liability** coverage been cancelled or non-renewed? Yes No If yes, explain: _____
31. Does applicant have table seating? Yes No
32. Does applicant have table service? Yes No

Entertainment

33. Is there entertainment of the type listed below? Yes No
- Check all that apply:
- | | | |
|---|---|---|
| <input type="checkbox"/> DJ | <input type="checkbox"/> Dancing | <input type="checkbox"/> Live Bands |
| <input type="checkbox"/> Stage/Floor Show | <input type="checkbox"/> Outdoor Concert | <input type="checkbox"/> Solo Vocalist with dancing |
| <input type="checkbox"/> Comedy Acts | <input type="checkbox"/> Adult/Exotic dancing | <input type="checkbox"/> Piano/Guitar Player with dancing |
| <input type="checkbox"/> Other entertainment-Describe _____ | | |
- Frequency of entertainment: 0-12 times per year 13-51 times per year
 1-2 times per week 3 or more times per week Banquets only

34. If dancing is allowed, size of floor: _____ How many times per week? _____

35. Loss History for General Liability for the past **five (5)** years: If none, check here

Date of Loss	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

36. List expiring General Liability carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

LIQUOR LIABILITY SECTION

37. Limits Desired

Each Common Cause Limit	\$	Aggregate Limit	\$
-------------------------	----	-----------------	----

38. **Does the applicant offer entertainment?** Yes No

If yes, questions 33 and 34 must be completed.

39. Are employees or other persons serving alcohol permitted to consume alcohol during their hours of employment or service? Yes No

40. If open past 2 AM, is a special license required to stay open late? Yes No

41. Does or will applicant ever offer (include special events such as New Years Eve parties, etc): Yes No

a. Beer for less than \$1.00 Yes No

b. Liquor or wine for less than \$1.50 Yes No

c. Multiple drink incentives (e.g.: 2 for 1's, every 3rd drink is free, etc) Yes* No

d. Single drink servings larger than 24 ounces Yes* No

e. "All you can drink" specials or other offers involving unlimited alcoholic beverages? Yes* No

f. Drink specials before 4 PM or after 9 PM Yes* No

g. Complimentary drinks Yes* No

*** If "yes," describe type of drink(s), size (oz.), cost and time(s) offered:** _____

42. If alcohol sales equal or exceed food receipts:
 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 10 PM? Yes No

If "no," how is this enforced?: _____

43. Is the applicant's premises located in a jurisdiction which permits civil cases to be heard in a Tribal Court? (If yes, not eligible) Yes No

44. Does applicant ever sell or serve alcohol away from the premises shown in Question 5? Yes No
 If off-premises coverage is desired, attach a complete Off-Premises Supplemental Application, form LLA-OPS to this submission.

45. Does applicant have a valid liquor license? Yes No
 a. Name on license: _____ License #: _____

b. License Type (Class D licenses prohibited in Utah): _____

46. Does applicant permit "BYOB" (bring your own bottle) or set-ups? Yes No
 If "yes," explain: _____

47. Are facilities available for banquets, receptions or private affairs? Yes No
 a. If "yes," how many per year? 0-12 13-52 53-99 100+

b. Does applicant serve alcohol at all events? Yes No

If "no," will lessee be required to carry liquor liability insurance at equal or greater limits? No Yes

48. Are all alcohol-servers certified in a Formal Alcohol Training Course? Yes No
 If yes, provide name of the course (ie.: TIPS, TAM, RAMP, BEST, etc): _____

49. Are guns kept or permitted on premises? Yes No

50. Within the past five years, has **Liquor Liability** coverage been cancelled or non-renewed? Yes No
 If "yes," explain: _____

51. What limits are carried for General Liability Coverage? _____

52. **Violations:**
 a. Within the past **five (5)** years, has applicant been fined or cited for violations of law or ordinance related to illegal activities or the sale of alcohol? Yes No

b. If "yes," provide the following information on each fine or citation:
 Date(s): _____

Description(s): _____

Fines and/or penalties assessed: _____

Measures in place to prevent future violations: _____

53. **Claims:**
 a. Within the past **five (5)** years, has the applicant had any reported liquor liability and/or assault and battery claims or notifications of potential liquor liability and/or assault and battery claims? Yes No

b. If "yes," provide the following information on each **Liquor Liability** claim:

Date of Loss	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	

Measures in place to prevent further incidents: _____

54. List expiring **Liquor Liability** carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

PROPERTY SECTION

51. Is all electrical system connected to functional and operational circuit breakers? (answer does not affect liquor eligibility) No Yes
52. Does the electrical system have aluminum wiring? (answer does not affect liquor eligibility) Yes No
53. Does the electrical system have knob & tube wiring? (answer does not affect liquor eligibility) Yes No

54. **Limits Desired and Rating Information.**

Note: If Total Insured Value for Protection Class 1-8 is over \$500,000 or Protection Class 9-10 is over \$200,000, property is not eligible.

Building Construction	Protection Class	Deductible	Cause of Loss
<input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry NC <input type="checkbox"/> Fire Resistive	<input type="checkbox"/> 1-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Basic <input type="checkbox"/> Special/excluding theft <input type="checkbox"/> Special (requires a Central Station Burglar Alarm)
Building Limit:	\$ _____	Coinsurance (80% minimum) _____ <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Improvements and Betterments Limit:	\$ _____	Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Personal Property Limit:	\$ _____	Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Income Limit:	\$ _____	Coinsurance: <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> With Extra Expense or Monthly Limit of Indemnity <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> Without Extra Expense	
<input type="checkbox"/> Value Plus Endorsement (Requires a Central Station Burglar Alarm)			
<input type="checkbox"/> Employee Dishonesty	\$ _____	# of Employees _____	
<input type="checkbox"/> Money & Securities	\$ _____	Inside \$ _____ Outside (\$500 Standard Deductible)	
<input type="checkbox"/> Burglary & Robbery	\$ _____	Inside \$ _____ Outside (\$500 Standard Deductible)	
<input type="checkbox"/> Outdoor Signs	\$ _____		
<input type="checkbox"/> Equipment Breakdown (Coverage requires a maintenance contract for all refrigeration units)			

55. Has owner ever been convicted of the felony of arson? Yes No
56. Are there any pyrotechnics or foam machines? Yes No
58. **Cooking Supplement**-If no cooking, check here
- a. Is there a cleaning contract in force with an outside firm? No Yes
- b. Describe Cooking equipment used:
- Grills Open Flame Oven Deep Fat Fryers
- Charcoal grill Barbeque Pit/Smoke Type or Brand _____ Distance from building: _____ ft.
- c. Are the cooking area, hood and duct system protected per NFPA 96 (Fire Extinguishing System) Yes No
- d. Type of Extinguishing system: Wet Dry
- e. Is vegetable oil used in cooking? Yes No

59. Is the plumbing completely PVC or Copper (No Iron or Lead)? Yes No
60. Type of roof? Flat Pitched
61. Roof Updated, yr. _____ Electrical Updated, yr. _____ Plumbing Updated, yr. _____ Heating Updated, yr. _____
62. Is the property seasonal? Yes No If yes, months closed: _____
63. Age of building: _____
64. Are there vacancies in the building? Yes No If "yes," what percentage? _____%

65. Burglar Alarm: Local Central Station Burglar Alarm
 66. Fire Protection: Sprinklers Central Station Fire Alarm
 Local Fire Alarm Annually Serviced Fire Extinguisher(s)

67. If applicant is the building owner, are there other occupancies? Yes No

68. Within the past five years, has **Property** coverage been cancelled or non-renewed? Yes No

If "yes," explain: _____

69. **Loss History for Property** for past **three (3)** years: If none, check here

Date of Loss	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	

70. List expiring **property** carrier, term, limits and premium:

Carrier	Term	Limits	Premium

MORTGAGEES/ADDITIONAL INSUREDS/LOSS PAYEES

71. List name, Address and Interest of each:

Indicate applicable section:

Name: _____
 Address: _____
 Interest: _____

Property GL Liquor

Name: _____
 Address: _____
 Interest: _____

Property GL Liquor

Name: _____
 Address: _____
 Interest: _____

Property GL Liquor

INSPECTION AND AUDIT CONTACTS

72. Inspection Contact Name: _____ Telephone Number: _____ E-mail Address: _____

73. Audit Contact Name: _____ Telephone Number: _____ E-mail Address: _____

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

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 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 _____
(Owner or Officer)

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____
