



Night Club, Gentleman’s Club, Bar, Restaurant, Tavern Program Supplemental Questionnaire

(Complete in addition to Acord applications)

A. BASIC INFORMATION ON INSURED

- 1. Name of Applicant (include dba): _____
- 2. Mailing Address: _____
- 3. Location Address: _____
- 4. Applicant is: Corporation Partnership Individual LLC Other, explain: _____
- 5. How long has applicant been in business? _____
- 6. If new start up, how many years experience does the applicant have? _____
- 7. Location Description: Bar or Tavern Caterer Country Club Mini Mart w/ Gas
 Sports Bar Hotel/Motel Package Store Mini Mart w/o Gas
 Restaurant Special Event Private Club (type): _____
 Other (explain): _____

B. IF ESTABLISHMENT IS A CLUB (VFW, ELKS, FRATERNAL, SOCIAL) COMPLETE SECTION

- 1. Annual Membership this year: _____ Five Years Ago: _____ Ten Years Ago: _____
- 2. Annual sales for the following:
Membership Fees _____ Alcohol Sales _____ Food Sales _____
Facility Fees _____ Est. number of days rented per year _____

C. BUSINESS DESCRIPTION

- 1. Number of years experience in this business: _____
- 2. Number of years establishment has been in operation: _____
- 3. Business hours: _____ to _____ Number of days business is open per week: _____
- 4. Does applicant have a valid Liquor License? YES NO
- 5. Name on License: _____ License Number: _____



D. DOES THIS BUSINESS HAVE ANY OF THE FOLLOWING?

1. Please check all that apply:

- Dance Floor
- Movies or Videos
- Nude Dancers or Nude Revies
- Exotic Dancers
- Security Guards (employees)
- Security Guards (independent)
- ID Checkers
- Door Man
- Warehouses
- Disc Jockey
- Live Music (bands)
- Firearms on Premises
- Athletic Contest/Event
- Comedy Shows
- Mechanical Rides
- Pool Tables
- Dart Board
- Shuffle Board
- Video Games

2. If you checked any of the above boxes, please explain in detail (specific about type of music provided. etc.):

3. Other types of Entertainment? YES NO

If yes, explain: _____

5. Do you sponsor or provide any of the following specials? Double for single prices Free Alcoholic Drink
 Ladies Night 2 for 1 Drinks Singles Night Drink Specials No Drink Specials

6. Does applicant allow BYOB? YES NO

7. If drink specials (Happy Hour) are offered please explain in detail and advise lowest cost per drink allowed:

8. Does management ever allow the use of pyrotechnics? YES NO

9. Are independent contractors required to carry liability insurance and provide certificates? YES NO

10. Clientele Age: 21-26 26-35 Over 35 Years

11. Do you allow anyone under 21 on the premises? YES NO

If yes, explain: _____

12. Percentage of patrons arriving and departing by automobile? _____%

13. Maximum number of employees (including owners and managers) on duty at any one time? _____

14. Maximum number of patrons on premises at any one time? _____

15. Have you or this establishment ever been charged, cited or fined by ABC commission or the government regulator?

YES NO If yes, explain: _____

16. Have you or this establishment ever had its alcohol beverage license suspended or revoked? YES NO

17. Type(s) of Liquor License held: On sale Off Sale Beer Wine Liquor

18. Indicate the type of area you are located in: Commercial (Non-Industrial) Downtown Industrial
 Residential Resort Rural Suburban

19. Does this establishment have a liquor awareness training program for the prevention of alcohol abuse?

YES NO

If yes, complete the following:

a. Are all employees trained within sixty (60) days of employment? YES NO



b. Do you provide written policies and procedures to employees regarding minimum service to minors and intoxicated persons? YES NO

If yes, name of awareness program:

c. Do you provide any rides home to intoxicated patrons? YES NO

If yes, explain: _____

E. FILL IN THE FINANCIAL INFORMATION FOR THE PAST THREE YEARS AS REQUESTED BELOW:

Fiscal Dates (month & year)			New Term Estimated
Beer, Wine & Liquor Sales	\$	\$	\$
Food Sales	\$	\$	\$
Coverage Charges	\$	\$	\$
Retail	\$	\$	\$
Miscellaneous	\$	\$	\$
Total	\$	\$	\$

1. Name of contact for financial records: _____ Phone number: _____
2. Requested Limits (in thousands) 100/100 100/300 300/300 500/500 500/1M 1M/1M
3. Number of Employees: Managers: _____ Bartenders: _____ Waiters/Waitresses: _____ Security: _____
Hostesses: _____ Chefs: _____ Other: _____
4. Area of: Parking Lot _____ sq. ft. Is applicant required for care maintenance of the lot? YES NO
5. Surfaces of the parking lots: Gravel Concrete Asphalt No Parking Other
6. Number of Exits: _____ Are all exits marked with exit signs? YES NO
7. What is the building's legal capacity as established by the Fire Marshal of the Fire Dept? _____ persons.
8. Property Coverage Information – Building Interest: Owner Tenant Percent Occupied _____ %
9. Does the building have two means of egress? YES NO
10. Distance from nearest: Responding Fire Station _____ miles Fire Hydrant _____ feet
11. Year Built _____ Number of Stories _____ Construction: Frame Other _____
12. Total Sq. Footage of Building: _____
13. Fire Extinguishers: YES NO How many? _____
14. Service and Tagged within the past year? YES NO
15. Central Station Burglar Alarm? _____ Central Station Fire? _____
16. Last date for update of the following (N/A if not updated):
Roof: _____ Plumbing: _____ Electrical: _____ HVAC: _____
17. Sprinkler System: YES NO If yes, % of sq. ft. covered by sprinkler: _____
18. Type of wiring: Copper Aluminum Type of Roof: _____



F. COOKING HAZARD QUESTIONNAIRE:

- 1. Is any type of cooking done on the premises (Please circle if microwave cooking ONLY)? YES NO
- 2. UL approved auto extinguishing system over ALL cooking surfaces and deep fat fryers? YES NO
 Type of system: Wet Chemical (UL 300 approved) Dry Chemical
- 3. Semi-annual service contract for auto extinguishing system? YES NO
- 4. Automatic gas or electric shut off for cooking with manual pull? YES NO
- 5. Are hoods and ducts equipped with filters? YES NO
- 6. Are filters cleaned every six months? YES NO
- 7. Are hoods and ducts cleaned every six months? YES NO
- 8. Are portable fire extinguishers mounted and accessible to cooking area? YES NO

G. SHOW GL/LIQUOR CARRIERS FOR THE LAST THREE YEARS ALONG WITH ANY LOSS INFORMATION:

Year:	Insurance carrier and/or Loss information:	Amnt. Paid or Reserved:
		\$
		\$
		\$
		\$

I declare that the above statements are particulars are true and that no fact(s) have been suppressed or misstated and that this application form is recognized to be the basis of any policy of insurance which may be issued by the company. The completion of this application does not bind the company to sell, and the misstatements of facts may void your coverage. All persons 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.

Applicant: _____ Producer's Name: _____
 Signature: _____ Producer's Address: _____
 Date: _____ Producer's Signature: _____