



**RESTAURANT/TAVERN/ADULT ENTERTAINMENT  
SUPPLEMENTAL APPLICATION  
No Binding until authorized by Company**

Applicant:		
Previous Carrier:	Policy #:	Exp. Date:

**BUSINESS INFORMATION**

List all owners and partners:						
Currently open for Business?	Yes	No	If No, coverage cannot be bound			
Number of years at this location under current ownership:						
Total years in Restaurant/Tavern management:			Total years in Restaurant/Tavern ownership:			
Total Receipts: \$	Alcohol Receipts: \$		Admission Receipts: \$			
Days of Operation:			Hours of Operation:			
Is property for sale?	Yes	No	Is operation seasonal?	Yes	No	
Has applicant ever been involved in bankruptcy or liquidation?				Yes	No	If yes, explain:
Has applicant had any citation or violation from any local or state regulatory authorities?				Yes	No	If yes, explain:
Number of Employees?		Full time:		Part Time:		

**PREMISES INFORMATION**

Premises Address:										
Distance to ocean/bay/gulf:										
Is parking lot under insured's control?			Yes	No	If Yes, sq. ft					
Is parking for customer only?			Yes	No	If No, explain					
Is valet parking provided?		Yes	No	If Yes, by employees?		Yes	No	By service?	Yes	No
Building sq. ft			Occupied sq. ft.			Customer sq. ft				
Age of Roof		Date of Upgrades:		Plumbing		Wiring		Heating		
Are renovations taking place?		Yes	No	If Yes, explain						
Indicate which of the following are occupants of the building (if applicable)						Rooming		Boarding		Hotel
Apartments?	Yes	No	If yes, number		Describe heat source					
Vacancies in building?		Yes	No	If Yes, number		Condition of building				
Are facilities rented out?		Yes	No	If Yes, number of times per year						
Does applicant serve any raw seafood?			Yes	No	If Yes, Explain					
Has there been any incidents involving assault & battery in the past 3 years?				Yes	No	If Yes, explain				

**ENTERTAINMENT**

Is there entertainment?		Yes	No	If yes, what type/how often		
Is there dancing?		Yes	No	If yes, size of dance area/# of nights		
Is there exotic dancing?		Yes	No	If yes, how many dancers per shift		
Amusement devices?		Yes	No	If yes, what type/how many		
Mechanical devices?		Yes	No	If yes, what type/how many		
Gaming devices/tables?		Yes	No	If yes, what type/how many		
Pool tables?		Yes	No	If yes, how many		
Bouncers?	Yes	No	Security Guards?	Yes	No	If yes to either, check for eligibility.
Are bouncers off-duty policemen?		Yes		No	If No, describe training	
I.D. checkers?			Yes		No	
Any weapons on premises?			Yes		No	

Any teen nights?	Yes	No	<b>If yes, coverage cannot be bound.</b>	
Any flaming shots/Shows?	Yes	No		

**COOKING** - If None, Place X here \_\_\_\_\_

Is there an automatic suppression system?	Yes	No	<b>If No, risk does not qualify for coverage</b>		
Does the system protect: All Hoods and Ducts?	Yes	No	Griddles?	Yes	No
Deep Fat Fryers?	Yes	No	Open Flame?	Yes	No
Does the applicant have a service contract for automatic fire extinguishing system?				Yes	No
Date last cleaned		Frequency of cleaning			
Is there an automatic fuel shut off device?	Yes	No	<b>If No, risk does not qualify for coverage</b>		
Does the applicant have any outside commercial cleaning contract for the hood and ducts system?				Yes	No
Date last serviced:		Frequency of cleaning:			
Any off premises catering?	Yes	No	If yes, explain	% of total receipts	

**LIQUOR LIABILITY**

Previous carrier	Exp. Date	
Policy Number:	Claims Made	Occurrence
Ever cancelled or non-renewed?	Yes	No
Has applicant ever been fined or cited for violation of law or ordinance relating to the sale of alcohol?		Yes No
If yes, explain:		
Average age of clientele:	What is the seating capacity:	
Number of bartenders:	Number of servers:	
Name, address and telephone number of person who keeps books:		
Does applicant have any promotional events?	Happy hour?	Ladies night?
Other, explain:		
Have alcohol servers received certified training?	Yes	No
		If yes, by who

**NOTICE TO APPLICANT**

A 25% Minimum Earned Premium will be charged on cancellations made at the insured's request, including non-payment cancellations.

Signing this application does not bind the applicant or the company to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

The undersigned hereby warrants that he/she is the authorized representative of the applicant with authority to make this warranty and to execute this application. Further, the undersigned does hereby acknowledge that he/she has read the above and agrees that to the best of his/her knowledge and belief the information supplied fully represents the true statement of fact.

Warning - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Authorized Representative:
Title:
Date:

**AGENT INFORMATION**

Licensed Agent/Producer's Signature	Date Signed
Agency Name	
Agency Address	
Agent's License #	Surplus Lines License #
Telephone Number ( )	Facsimile ( )