



# INSURANCE INNOVATORS

## BARS AND TAVERNS/RESTAURANTS/NIGHTCLUBS APPLICATION

Check one and Complete Appropriate Sections

- Package (GL & Property) & Liquor Liability (Complete pages 1-5)
- Package (GL & Property) (Complete pages 1, 2, 4 and 5)
- Liquor Liability only (Complete current LLA Application or pages 1, 3 and 5 on this application)
- General Liability & Liquor Liability (Complete pages 1, 2, 3 and 5)
- General Liability only (Complete pages 1, 2 and 5)
- Commercial Property only (Complete pages 1, 4 and 5)

### 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):
  - Bar/Tavern  Restaurant  Nightclub  Banquet Hall
  - Comedy Club  Adult Entertainment/Strip Clubs  Bowling Alley  Pool/Billiard Hall
  - Private/Fraternal Club  Takeout/Package Store  Karaoke/Hostess Bar  Casino/Gaming
  - Catering-Off Premises  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: \_\_\_\_\_
12. Has the applicant or majority partner filed for bankruptcy within the past five years? (answer does not affect General Liability eligibility)  Yes  No
13. Is all electrical system connected to functional and operational circuit breakers? (answer does not affect liquor eligibility)  No  Yes
14. Does the electrical system have aluminum wiring? (answer does not affect liquor eligibility)  Yes  No
15. Does the electrical system have knob & tube wiring? (answer does not affect liquor eligibility)  Yes  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)  Yes  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**

#### Prohibited Eligible

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?  Yes  No
- b. Does the applicant regularly deliver goods or products?  Yes  No
- c. Does the applicant require its employees to use their personal automobile to conduct the applicant's business on a regular basis?  Yes  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:  DJ  Dancing  Live Bands  
 Stage/Floor Show  Outdoor Concert  Solo Vocalist with dancing  
 Comedy Acts  Adult/Exotic dancing  Piano/Guitar Player with dancing  
 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):
- 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**

**55. 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.

<b>Building Construction</b> <input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry NC <input type="checkbox"/> Fire Resistive	<b>Protection Class</b> <input type="checkbox"/> 1-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10	<b>Deductible</b> <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<b>Cause of Loss</b> <input type="checkbox"/> Basic <input type="checkbox"/> Special/excluding theft <input type="checkbox"/> Special (requires a Central Station Burglar Alarm)
<b>Building Limit:</b>	\$ _____	Coinsurance (80% minimum) _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC
<b>Improvements and Betterments Limit:</b>	\$ _____	Coinsurance (80% minimum) _____%	<input type="checkbox"/> ACV <input type="checkbox"/> RC
<b>Business Personal Property Limit:</b>	\$ _____	Coinsurance (80% minimum) _____%	<input type="checkbox"/> ACV <input type="checkbox"/> RC
<b>Business Income Limit:</b>	\$ _____	Coinsurance: _____ or _____ <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> With Extra Expense	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)			

56. Has owner ever been convicted of the felony of arson?  Prohibited  Eligible  
 Yes  No

57. 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 INSURED/LOSS PAYEES**

71. List name, Address and Interest of each:

Indicate applicable section:  
 Property  GL  Liquor

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Interest: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Interest: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Interest: \_\_\_\_\_

Property  GL  Liquor

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: \_\_\_\_\_

**Fraud Statement:** Any person who knowingly and with the intent to defraud any insurance company or other person, files and 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 may subject such person to criminal and/or civil penalties and other sanctions.

**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 be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk 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 the 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 non payment of premium."

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Owner or Officer)

Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_

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 Completed Application Through Local Agent or Broker to:  
\_\_\_\_\_