

AGENCY CUSTOMER ID:

LOC #:

DATE:



AmTrust North America

An AmTrust Financial Company

\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

## Restaurant Supplement

*AmTrust requires additional information for restaurant risks with commercial cooking or liquor sales. Please complete one supplement for each location.*

Instructions: All questions must be answered. This application **must be signed and dated by an owner, officer or partner**. Read carefully the statements at the end of this application.

Named Insured:

Contact Name:

Contact Number:

Establishment Name:

Location Street:

City and State:

Zip:

The applicant is:  Individual  Partnership  Corporation  Other

*Please return this form to your underwriter in order to receive a quotation. Thank you!*

Total sales (food and liquor): \$

Food sales only: \$

If there are liquor sales, please complete liquor section on next page.

If building is over 20 years old, provide year of updates to: Roof:

Electrical:

HVAC:

Plumbing:

Is the building wood frame construction:  Yes  No

Is it fully sprinklered:  Yes  No

Is ALL cooking equipment protected by a UL300 wet-chemical extinguishing system:  Yes  No

Have K Class fire extinguishers:  Yes  No

How often is the suppression system serviced:  Annually  Semi Annually  Quarterly

Name of service vendor:

Last Service Date:

Is ALL cooking equipment located beneath an approved hood/duct system:  Yes  No

Number of deep fat fryers and woks: Fryers: Woks:

Is the hood/duct system professionally cleaned:  Yes  No

How often are the hoods/ducts cleaned:  Annually  Semi Annually  Quarterly

Name of service vendor:

Last Service date:

# Liquor Liability Supplemental Application

## I. General Information

Limits desired:	Each common cause limit: \$	Aggregate limit: \$			
Name on liquor license:		License number:			
How long have current owners been at this location?					
If 5 years or less, explain prior experience:					
Hours of operation:	Mon-Thurs:	Friday:	Saturday:	Sunday:	
Type of business:	<input type="checkbox"/> Bar/Tavern	<input type="checkbox"/> Banquet hall	<input type="checkbox"/> Casino	<input type="checkbox"/> Caterer	
	<input type="checkbox"/> Night club	<input type="checkbox"/> Private club	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Distributor	
	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Fraternal club	<input type="checkbox"/> Concessionaire	<input type="checkbox"/> Other (describe)	
	<input type="checkbox"/> Retail store	<input type="checkbox"/> Country club	<input type="checkbox"/> Adult entertainment	<input type="checkbox"/> BYOB	
Total seating capacity:	Restaurant:	Bar:	Sprinklered:	if yes, percent	%
How long after kitchen closes do you serve alcohol:					
Total Gross Annual Receipts:	Est. next 12 months	Expiring year	Previous year		
• Food	\$	\$	\$		
• Hard liquor	\$	\$	\$		
• Beer	\$	\$	\$		
• Wine	\$	\$	\$		
• Other (describe)	\$	\$	\$		
Number of staff:	Servers	Bartenders	Hostess/Mgt	Dancers	Bouncers/Security
Part time:		Full time:			

## II. Description of Operations

Does the applicant feature any entertainment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many days per week:	
Type of entertainment:	<input type="checkbox"/> DJ	<input type="checkbox"/> Jukebox	<input type="checkbox"/> Comedy club	<input type="checkbox"/> Karaoke
	<input type="checkbox"/> Solo vocalist	<input type="checkbox"/> Band	<input type="checkbox"/> Stage/Floor show	<input type="checkbox"/> Exotic dancers
If musical entertainment, what type?	<input type="checkbox"/> Top 40's/Pop	<input type="checkbox"/> R&B	<input type="checkbox"/> Classic rock	<input type="checkbox"/> Soft rock
	<input type="checkbox"/> Jazz	<input type="checkbox"/> Rap	<input type="checkbox"/> Country	<input type="checkbox"/> Alternative
Number of arcade games:				
Is dancing permitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, size of dance floor:	
Are facilities available for banquets, receptions, or private affairs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are operations seasonal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what is the season:	
Does applicant engage in off-premises sales or service of alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the applicant have any mechanical rides or devices (mechanical bull, virtual reality, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Provide details:				
Does applicant have any drink specials or promotions (2 for 1's, happy hours, reduced drinks, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, describe, type, days and times:				
Does applicant offer complimentary drinks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, explain:	
Does applicant permit customers to bring alcohol on or off premises (BYOB)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

### III. Controls

- Is there a minimum or cover charge?  Yes  No
- Are bouncers or door persons employed?  Yes  No
- Are customers' I.D.s checked upon entering?  Yes  No
- If a bar or tavern, are persons under the legal drinking age permitted on premises?  
If yes, explain:  Yes  No
- Is there a written policy on serving alcohol posted for employees and customers?  Yes  No
- Are all alcohol-serving employees certified in a formal alcohol training course?  
If yes, provide name of course (TIPS, TAM, RAMP, BEST etc.):  Yes  No
- Are guns permitted or kept on premises?  Yes  No
- Is transportation arranged or provided for patrons?  Yes  No

### IV. Loss History

- Name of previous liquor liability carrier:
- Previous limits of insurance: \$                      Each Common Cause \$                      Aggregate Limit
- Have owner, officer or partner filed bankruptcy in the last 5 years?  Yes  No
- If yes, please explain:
- Within the past 5 years, have applicant and/or employees of the applicant's establishment been fined or cited for violations of law or ordinance relating to illegal activities or the sale of alcohol?  Yes  No
- Within the past 5 years, has the applicant had any liquor liability claims (whether insured or not)?  Yes  No
- If yes, provide dates and details of citations:
- Within the past 5 years, has the applicant had any assault & battery claims?  Yes  No
- If yes, provide dates, description, status of claims:
- Within the past 5 years, has the applicant's liquor liability coverage been cancelled or non-renewed?  Yes  No
- If yes, explain:

### V. 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.

### VI. 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**