

Restaurant, Bar & Tavern Supplemental Application



AmTrust E&S Insurance Services
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/>.

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

Section I – Applicant Information

Name of Applicant: _____

Website Address: _____

Years in Business: _____ Number of years at this location under current ownership: _____

Description of Operations: _____

Section II – Estimated Receipts

1. Fill in the financial information for the past three (3) years as requested below:

	New Term Estimate	Current Year	Prior Year
Food Sales:	\$	\$	\$
Beer, Wine & Liquor Sales:	\$	\$	\$
Cover Charges:	\$	\$	\$
Ticket Sales:	\$	\$	\$
Performers:	\$	\$	\$
All Other:	\$	\$	\$
Total Receipts:	\$	\$	\$

Section III – Business Description

1. Type of business (please check all that apply):

- Bar Brew Pub Ethnic Take-Out Family Style Sports Bar
 Fast Food Fast/Casual Dining Fine Dining Wine Bar Night Club
 Neighborhood Tavern Buffet Other: _____

2. Franchised Not Franchised

3. Year Round Seasonal: What are the months of operation? _____

4. Area surrounding premises (check the most applicable):

- Downtown district Entertainment district Industrial Residential Commercial
 Shopping center Resort Seasonal Waterfront Rural

5. Average age of clientele (check all that apply):

- 21 - 30 31 - 40 41 - 50 Over 50

6. Type of clientele (check all that apply):

- Local Residents Retirement Community Families Residential College Students
 Professional Other: Please describe: _____

7. Operating Hours:

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

If Applicant serves alcohol, what time does the sale or service of alcohol cease? _____

Section IV – Operations

1. Please provide the following:
- a. # of Employed: Manager(s): _____ Wait Staff: _____ Bartenders: _____
- b. Seating Capacity: Indoor Dining: _____ Outdoor Dining: _____ Bar Area: _____
- c. Premises Area: (sq. ft.) Dining Areas: _____ Bar Areas: _____
2. What is the building's legal capacity as established by the Fire Marshal of the Fire Department?

3. What is the distance to the nearest college campus? _____
- a. Name of college or university: _____
4. Is your building located or built on a wharf, pier, beach, dock or pilings? Yes No
- If YES, explain:**

5. Does Applicant participate in street fairs, community celebrations or special events? Yes No
- a. Are facilities available for banquets, receptions or private affairs? Yes No
- If YES, please answer the following:**
- b. Number of times per week: _____ Number of times per year: _____
6. Have you had any health code violations within the past three (3) years? Yes No
7. Is there a parking lot on the premises? Yes No
- If YES, is the parking lot owned, operated & maintained by applicant?** Yes No
8. Does the Applicant offer Valet Parking? Yes No
- If YES, please answer the following:**
- a. Valet parking is provided by: Employees Contractors
- b. If provided by employees, do you check the Motor Vehicle Records of these employees? Yes No
- c. If contracted, do you require Certificates of Insurance listing you as an Additional Insured? Yes No

Section V – Entertainment

1. Does the Applicant feature any entertainment? Yes No
- If YES, please check all of the types that apply:**
- Disc Jockey # times per week _____ Solo Musician/Vocalist # times per week _____
- Karaoke # times per week _____ Band: # times per week _____
- Dinner Theater # times per week _____ Adult/Exotic Dancing # times per week _____
- Comedy Acts # times per week _____ Quiz/Trivia Night # times per week _____
2. If the Applicant has bands or DJs as part of entertainment, please indicate type of music played:
- Top 40 Classic Rock & Roll Soft Rock R&B/Jazz
- Alternative Rap/Hip Hop Country Disco
3. Is dancing allowed on the premises? Yes No
- If YES, describe (include square footage, raised or sunken, and lighting).**

4. Does the Applicant have or allow mosh/moshing pit, stage diving or crowd surfing? Yes No
5. Does the Applicant have amusement devices available to clientele? (Please check all that apply.) Yes No
- Pool Tables Mechanical Bulls Dart Boards Video Games
- Rock Climbing Boxing/Wrestling Other (describe): _____
6. Is there any sponsorship of any sports or special events? Yes No
- If YES, please explain:**

Section V – Entertainment (continued)

7. Does the Applicant offer inhalation of oxygen gas from tanks or hookah smoking on premises? Yes No
8. Does the Applicant have any playrooms or playgrounds on premises? Yes No

If YES, please explain:

9. Are pyrotechnics of any type used or allowed on premises? Yes No

Section VI – Cooking Hazards

1. Does the applicant operate a kitchen or any cooking equipment on the premises? Yes No

If YES, please check all that apply and provide number of units:

Pizza Oven: _____ Grill: _____ Ovens: _____ Deep Fryer: _____
 Broiler: _____ Stove: _____ Microwave: _____ Other (describe): _____

2. Is all cooking equipment located beneath an approved hood/duct system? Yes No
3. Are hoods and ducts equipped with removable filters or grease extractors vented outside? Yes No
4. Are hoods and ducts cleaned at a minimum of every six (6) months? Yes No
5. Are all cooking devices installed with a minimum 18-inch safe clearances to combustible surfaces? Yes No
6. Is all cooking equipment protected by a UL 300 wet-chemical extinguishing system? Yes No
7. Are manual pull fire extinguisher systems readily accessible and clearly identified? Yes No
8. Are all gas equipment and electric deep fryers equipped with automatic fuel shut off? Yes No
9. Are there 40 BC or type K (UL 300 Standard) fire extinguisher in the kitchen? Yes No
10. Are automatic extinguishing systems serviced no less than every six (6) months? Yes No

Section V – Life Safety & Security

1. Are bouncers, security or doorpersons ever employed? (Check all that apply.) Yes No
- Bouncers Doormen Off-Duty Police Contracted Security Firms
 Inside Outside Armed Unarmed

2. If applicant employs bouncers, security or doormen:
- a. Are background checks completed on all employed security personnel? Yes No
- b. Have they been trained on alternative uses of force, regulations and laws? Yes No

3. If Applicant contracts security firms:
- a. Name of security firm: _____
- b. Does the applicant have a written agreement with the security firm? Yes No
- c. Do you obtain a certificate of insurance? Yes No
- d. If YES, is the applicant named as an additional insured on the security firm's policy? Yes No

4. Are firearms or other weapons permitted or kept on premises? Yes No
5. Are there procedures for handling violent or disruptive patrons? Yes No

If YES, please describe:

6. Does the Applicant operate any video surveillance/security cameras on premises? Yes No

If YES, how many days do you keep the video tapes? _____

7. Are evacuation plans in place, posted for all to see and employees trained to provide evacuation assistance? Yes No
8. Is there any below-grade seating? Yes No
9. Does every floor with public access has at least two means of egress (exits)? Yes No
- a. Are exits clearly marked and unobstructed? Yes No
- b. Are all exits equipped with panic door hardware? Yes No

Section V – Life Safety & Security (continued)

10. Is there emergency lighting? Yes No
11. Are the premises fully sprinklered? Yes No
- a. Is there a current sprinkler system service contract in place? Yes No
- b. If YES, how often is the sprinkler system serviced? Yes No
12. Are employees trained in CPR, Heimlich maneuver and/or First Aid? Yes No

Section VIII – Liquor Liability

General Information

1. Does the applicant serve alcohol? Yes No
- If YES, please complete the following:**
- a. What is the name on the Liquor License? _____
- b. License Number: _____ Expiration Date: _____
- c. Prior to the Expiration Date (stated above), state the number of consecutive years the establishment has held a valid Liquor License(s) not subject to suspensions, revocations or other impairments: _____
2. Average cost of beer/wine/mixed drinks:
Mixed Drinks: \$ _____ Beer: \$ _____ Wine Glass: \$ _____ Wine Bottle: \$ _____
3. Does or will the applicant ever offer or allow:
- a. Any drink specials/happy hours? Yes No
- b. Drink specials/happy hours lasting longer than three hours? Yes No
- c. Drink specials/happy hours after 9 p.m.? Yes No
- d. Single-drink servings larger than 24 ounces? Yes No
- e. Complimentary drinks? Yes No
- f. All-you-can-drink specials? Yes No
- g. Drive-through operation for the sale of alcohol? Yes No
4. Are the Applicant's customers permitted to order more than one drink at last call? Yes No
5. Does Applicant sell whole bottles of hard liquor to tables? Yes No
6. Are facilities available for banquets, receptions or private affairs? Yes No
- a. If YES, are only the applicant and its authorized employees or members permitted to serve alcohol at all events where alcohol is present? Yes No
- b. If persons serving alcohol are not the applicant or its authorized employees or members, are they required to carry liquor liability insurance with limits equal to or greater than limits covered under applicant's liquor policy and name applicant as an additional insured? Yes No
7. Does Applicant permit "BYOB" (bring your own bottle), bottle service or setups? Yes No
- If YES, please complete the following:**
- a. Does the establishment have a wait staff that actively monitors all alcohol consumption and requests a valid ID from all patrons? Yes No
- b. Are patrons permitted to bring hard alcohol on the premises? Yes No

Alcohol Safety Awareness

8. Are patrons under the legal drinking age permitted on the premises? Yes No
- If YES, are patrons under the legal drinking age permitted on the premises after 11 p.m.?** Yes No
9. Are all alcohol-selling or -serving employees currently certified in a Formal Alcohol Training Course? Yes No
- If YES, are driver's licenses or other means of identification scanned into a document retention system?** Yes No
10. Does Applicant have written policies for responsible alcohol service and ensure that each employee understands these policies? Yes No
11. Does Applicant have written guidelines for checking IDs? Yes No
- If YES, are driver's licenses or other means of identification scanned into a document retention system?** Yes No

Section VIII – Liquor Liability (continued)

- 12. Does the Applicant use functional and operational surveillance cameras inside the establishment? Yes No
 - 13. Does Applicant provide third-party transportation (e.g., cabs)? Yes No
 - 14. Does the Applicant maintain incident logs documenting when a person was refused service or other alcohol-related events/incidents? Yes No
 - 15. Are employees or other persons permitted to consume alcohol during their hours of employment or service? Yes No
 - 16. Are patrons under the legal drinking age permitted on the premises? Yes No
- If YES, are patrons under the legal drinking age permitted on the premises past 10 p.m.?** Yes No
- If NO, how is this enforced?** _____

Section IX – Loss / Claim History

- 1. Does the Applicant have knowledge of any fines or citations for violation of law or ordinance related to illegal activities or the sale of alcohol at this location within the past five (5) years? Yes No
- If YES, provide the following information on each fine or citation:**
- a. Date(s): _____
 - b. Description(s): _____
 - c. Fines and/or penalties assessed: _____
 - d. Measures in place to prevent future violations: _____
- 2. Have you or this establishment ever had its alcohol beverage license suspended or revoked? Yes No
- If YES, please explain:**
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- 3. Have there been any police calls to this establishment in the last three (3) years? Yes No
- If YES, please explain:**
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- 4. Has the Applicant had any reported liquor liability and/or assault or battery claims or notification of potential liquor liability and/or assault or battery claims at this location within the past five (5) years? Yes No
- If YES, provide the following information on each fine or citation:**
- a. Date(s): _____
 - b. Description(s): _____
 - c. Total incurred losses (reserves and payments): _____
 - d. Status: _____
 - e. Measures in place to prevent future incidents: _____

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: 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. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: 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, KENTUCKY and PENNSYLVANIA: 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: 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 denial of insurance benefits.

NEW YORK: 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: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: 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 and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare 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.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare 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