

RESTAURANT AND TAVERN APPLICATION

THIS MUST ACCOMPANY PROPER ACORD APPLICATION FORMS

(Coverage may not be bound without Company approval - Authorizations are subject to inspection by the Company)

- 1. Insured (including Trade Name) _____
- 2. Business Phone No. _____ Protection Class _____
- 3. Is coverage now written through your office? _____ No. of Years _____
- 4. Loss record past three years (show date, cause of loss and amount): _____

- 5. How many years has business been at this location? _____
- 6. How many years operated by applicant? _____
- 7. Show names of all individuals with interest in the business _____
- 8. Who runs the business? _____
Contact name & phone number (for inspection purposes) _____
- 9. Do you know and recommend the applicant, without qualification? _____
- *10. Any entertainment? _____ Dancing? _____ Sports sponsored? _____
- 11. Any delivery? _____ If yes, extent _____
- 12. Public access area (square feet) _____ Parking area (square feet) _____
- 13. Is this a year-round business? _____ Hours open _____
- 14. Percent of business in food? _____ Drinks? _____
- 15. A. Is there an automatic extinguishing system covering cooking equipment? _____
B. Is there a semi-annual service contract in place for the suppression system? _____
- 16. Are there any firearms kept on the premises? _____
- 17. A. Describe housekeeping conditions and particularly cleaning of hoods & ducts? _____

B. Is there a cleaning contract in place for hoods & ducts? _____
C. Frequency: Annual _____ Semi-Annual _____ Quarterly _____

FRAUD STATEMENT

Any person knowingly and with intent to defraud any insurance company or other person files a 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. (Ohio).

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. (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 subjects such person to criminal and civil penalties. (PA only).

Agency Name & Location _____	Insured's Signature _____	Date _____
_____	Agent's Signature _____	Date _____
_____	See Side 2 for Liquor Liability Application	

RESTAURANT LIQUOR LIABILITY APPLICATION

Limit Requested _____ (Aggregate Same As Occurrence Limit)

Annual Gross Receipts:

Last Year — Food \$ _____ Liquor \$ _____ Food _____% Liquor _____%
Current Year — Food \$ _____ Liquor \$ _____ Food _____% Liquor _____%

Number of seats in restaurant: _____ Number of bar seats: _____ Payroll: \$ _____

How Many: Dining Rooms _____ Cocktail Lounges _____ Bars _____
Total number of locations owned, controlled or operated by insured and description thereof _____

How many years of experience does the owner have? _____ years.
How many years of experience does the manager have? _____ years.

Type of Operation:

- (a) Describe type of operation _____
- (b) The overall customer base is: Family _____% Business People _____% Students _____%
- (c) Age mix of customer base: 18-25 _____% 25-35 _____% 35-55 _____% Over 55 _____%
- (d) Percent of customers arriving a/o departing by: Their own car _____% Public transportation _____%
- (e) Do you offer any of the following? (Check all that apply)
 - 2 for 1 specials
 - Specialty or exotic drinks
 - Special contests or parties (describe) _____
 - Free drinks
 - Ladies or men's nights
 - Happy hours From _____ To _____
 - Liquor served off premises
- (f) Hours of Operation
 - Week days open at _____ Stop serving food at _____
 - Stop serving alcohol at _____ Close at _____
 - Weekends open at _____ Stop serving food at _____
 - Stop serving alcohol at _____ Close at _____
- (g) What hours is the owner at the location? _____
- (h) Type of liquor sold: Beer _____ Wine _____ Liquor _____

Present Liquor Liability Premium: _____ Present Liquor Liability Limit: _____

Present Liquor Liability Company: _____ Liquor License #: _____

List any liquor citation or revocation in the past 60 months, date and amount of fine: _____

Has your Liquor Liability Insurance been cancelled or non renewed in the past 60 months? _____

Have you or your staff completed NLLF/TIPS/TAM/BEST'S/I'M SMART, (PA-RAMP Certified) or any vendor responsibility course? Yes No

If yes, please provide copies of certificates with application.

If no, what training are new or current employees given? _____

Briefly describe measures taken by management to:

- A. Ensure that no underage customers are served alcohol: _____
PA - Do you use Declaration of Age forms provided by PA Liquor Control Board? _____
- B. Deal with customers known or considered to be inebriated: _____
- C. Do you employ security personnel or bouncers? _____

Agency Name & Location _____

Insured's Signature _____ Date _____

Agent's Signature _____ Date _____