



Bars and Taverns/Restaurants/Nightclubs

BARS AND TAVERNS/RESTAURANTS/NIGHTCLUBS APPLICATION

Check Coverage Desired and Complete Appropriate Sections

General Liability

Property

Liquor Liability

GENERAL INFORMATION SECTION

- Applicant's Name: _____ D/B/A: _____
- Are we the expiring carrier on any of the lines of business checked above? Yes No
If yes, provide policy number(s): _____
- Applicant is: Sole Proprietorship Partnership Corporation LLC Other _____
- Mailing Address: _____
Email Address: _____ Website Address: _____
- Location Address: _____
Location # _____ Note: Submit a separate application for each location.
- Building Interest: Owner Tenant If tenant, part occupied _____%
- 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 Catering-Off Premises Casino/Gaming
 Hostess Bar Other-Describe _____
- What is the month and year the current owner began business at this location? _____
- Years of experience the applicant has in managing this type of operation: _____
- Has applicant ever operated this location under a different name or DBA (other than above)? Yes No
If yes, provide name or DBA used: _____
- Has the applicant or any principal with a controlling interest in the applicant filed for bankruptcy in the past five years? Yes No
Provide date bankruptcy filed: _____
- Is all electrical wiring connected to functional and operational circuit breakers? No Yes
(Required for GL if nightclub or liquor receipts are 50% or more. Answer does not affect liquor eligibility)
- Does the electrical system have aluminum wiring? Yes No
(Required for GL if nightclub or liquor receipts are 50% or more. Answer does not affect liquor eligibility)
- Does the electrical system have knob & tube wiring? Yes No
(Required for GL if nightclub or liquor receipts are 50% or more. Answer does not affect liquor eligibility)
- 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 11:00 PM? (Answer does not affect property eligibility) Yes No
- 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. _____
- What is the latest hour of operation? _____
- Is the property seasonal? Yes No
If yes, months closed: _____
- Are bouncers, security, or doorpersons ever employed? Yes No
- Total Annual Receipts** (Describe "other receipts" _____)

Food - on premises consumption	Food - off premises consumption	Alcohol - on premises consumption	Alcohol - off premises consumption	Other Receipts	TOTAL ANNUAL RECEIPTS
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

GENERAL LIABILITY SECTION

21. **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.

- | | | |
|--|------------------------------|-----------------------------|
| a. Does the applicant have a Business (or Commercial) Automobile Insurance Policy in force? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the applicant regularly deliver goods or products? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Does the applicant require its employees to use their personal automobile to conduct the applicant's business on a regular basis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

22. **General Liability Limits**

General Aggregate	\$	Personal and Advertising Injury	\$
Products & Completed Operations Aggregate	\$	Damage to Premises Rented to You	\$
Each Occurrence	\$	Medical Expense (Any one person)	\$

23. Is a secondary means of egress (exits) provided for each floor (including basement) having public access? No Yes
24. Are there functioning smoke or heat detectors used in all public areas, and if applicant is the building owner, in all habitational units? No Yes
25. Does applicant have any of the following exposures: moon bounces, trampolines, rock walls, pyrotechnics, foam machines, or swimming pools? Yes No
26. Is the risk located on a vessel? Yes No
27. If there is another occupancy in the building, are all deep fat frying appliances protected per NFPA 96 (Automatic Fire Extinguishing System)? No Yes
28. Within the past three years, has **General Liability** coverage been cancelled or non-renewed? Yes No
If yes, explain: _____

29. Are there any mechanical rides? Yes No
30. Does applicant have table seating? Yes No
31. Does applicant have table service? Yes No
32. Are there any previous Assault & Battery claims in the past three years? Yes No

33. **Loss History for General Liability** for the past **three (3)** years: If none, check here

Date of Loss	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	

34. List expiring **General Liability** carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

Entertainment

35. Is there entertainment of the type listed below? Yes No

If yes, check all that apply:

Entertainment	Frequency	Entertainment	Frequency
<input type="checkbox"/> DJ	_____ x per week _____ x per year	<input type="checkbox"/> Solo Vocalist	_____ x per week _____ x per year
<input type="checkbox"/> Live Bands	_____ x per week _____ x per year	<input type="checkbox"/> Karaoke	_____ x per week _____ x per year
<input type="checkbox"/> Stage/Floor Show	_____ x per week _____ x per year	<input type="checkbox"/> Comedy Acts	_____ x per week _____ x per year
<input type="checkbox"/> Adult/Exotic Dancing	_____ x per week _____ x per year	<input type="checkbox"/> Piano/Guitar Player	_____ x per week _____ x per year
<input type="checkbox"/> Outdoor Concert	_____ x per week _____ x per year	<input type="checkbox"/> Other *	_____ x per week _____ x per year

*If other entertainment, describe:

36. a. **Is dancing permitted?** Yes No
If yes, _____ x per week _____ x times per year
- b. If dance floor, size of floor: _____

LIQUOR LIABILITY SECTION

37. Limits Liability Limits:

Each Common Cause Limit \$ _____ Aggregate Limit \$ _____

38. Does the applicant feature any entertainment? Yes* No

*If yes, questions 35 and 36 must be completed.

39. Does applicant ever sell or serve alcohol away from the premises? Yes* No

*If off-premises coverage is desired, attach a completed Off-Premises Supplemental Application, form LLA-OPS to this submission.

40. What time does the sale or service of alcohol cease? _____ AM PM 24 hours

41. If open past 2:00 AM, is a special license required to stay open late? Yes No

42. Does applicant have a valid liquor license? Yes No

a. Name on license: _____ License number: _____

b. License type (Class D licenses prohibited in Utah): _____

43. Are employees or other persons permitted to consume alcohol during their hours of employment or service? Yes No

44. Does the establishment attract a predominantly youthful or college crowd ranging from 21-25 years of age? Yes No

45. Are all alcohol-servers certified in a Formal Alcohol Training Course not mandated by the state? Yes* No

*If yes, provide name of the course: _____

To be considered for a credit on your quote, please attach copies of the certificates to this application.

46. Violations:

a. 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 years? Yes* No

b. *If yes, provide the following information on each fine or citation:

I. Date(s): _____

II. Descriptions(s): _____

III. Fines and/or penalties assessed: _____

IV. Measures in place to prevent future violations: _____

47. Claims:

a. Has the applicant had any reported liquor liability and/or assault and battery claims or notification of potential liquor liability and/or assault and battery claims within the past five years? Yes* No

b. *If yes, provide the following information on each claim:

I. Date(s): _____

II. Descriptions(s): _____

III. Total incurred losses (reserves and payments): _____

IV. Status: _____

V. Measures in place to prevent future incidents: _____

48. Does or will applicant ever offer (include special events such as New Year's Eve parties, etc):

a. Any drink specials/happy hours Yes* No

b. Drink specials/happy hours lasting longer than 3 hours in duration Yes* No

c. Drink specials/happy hours after 9:00 PM Yes* No

d. Single drink servings larger than 24 ounces Yes* No

e. Complimentary drinks Yes* No

f. "All you can drink" specials or other offers involving unlimited alcoholic beverages? Yes* No

*If yes to any of the above, describe type of drink(s), size (oz.), cost and time(s) offered: _____

g. Beer price (lowest price offered, including happy hours or specials): _____

h. Liquor or wine price (lowest price offered, including happy hours or specials): _____

49. 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 11:00 PM? Yes No*

*If no, how is this enforced? _____

50. Are firearms permitted or kept on premises? Yes No

51. Does applicant permit "BYOB" (bring your own bottle), bottle service or set-ups? Yes* No

*If yes, explain: _____

52. Are facilities available for banquets, receptions or private affairs? Yes No
 a. Number: _____ times per week or _____ times per year
 b. Are only the applicant and its authorized employees or members permitted to serve alcohol at all events where alcohol is present? Yes No*
 *If no, are persons serving alcohol who are not applicant's authorized employees or members required to carry Liquor Liability insurance with limits greater than or equal to limits covered under our applicant's liquor policy? Yes No
53. Is entertainment featured at banquets? Yes No
 Number: _____ times per week or _____ times per year
54. Is the applicant's premises located in a jurisdiction which permits civil cases to be heard in a Tribal court? Yes No
55. Within the past five years, has applicant's liquor coverage been cancelled or non-renewed? Yes* No
 *If yes, explain: _____
56. Is applicant requesting Liquor Liability limits greater than General Liability limits carried? Yes* No
***If yes, General Liability limits must be maintained equal to or greater than Liquor Liability limits.**
57. List expiring **Liquor Liability** carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

PROPERTY SECTION

58. **Property Limits and Rating Information.**

Note: If Total Insured Value for Protection Class 1-8 is over \$750,000 (Bar/tavern), \$600,000 (Restaurant) or Protection Class 9-10 is over \$250,000, property is not eligible.

Building Construction	Protection Class	Deductible	Cause of Loss
<input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry NC <input type="checkbox"/> Fire Resistive	<input type="checkbox"/> 1-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Basic <input type="checkbox"/> Special/excluding theft <input type="checkbox"/> Special (requires a Central Station Burglar Alarm)
Building Limit:	\$ _____	Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Improvements and Betterments Limit:	\$ _____	Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Personal Property Limit:	\$ _____	Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Income Limit:	\$ _____	Coinsurance: _____ or Monthly Limit of Indemnity <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> With Extra Expense <input type="checkbox"/> Without Extra Expense	

59. Has owner ever been convicted of the felony of arson? Yes No
60. Are there any pyrotechnics or foam machines? Yes No
61. **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 Fryer
 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 fire extinguishing system: Wet Dry
 e. Is vegetable oil used in cooking? Yes No
62. Is the plumbing completely PVC or Copper? Yes No
63. Type of roof? Flat Pitched
64. Roof Updated, yr. _____ Electrical Updated, yr. _____ Plumbing Updated, yr. _____ Heating Updated, yr. _____
65. Age of building: _____
66. Are there vacancies in the building? Yes No
 If "yes," what percentage? _____%
67. Burglar Alarm: Local Central Station Burglar Alarm

68. Fire Protection: Sprinklers Central Station Fire Alarm
 Local Fire Alarm Annually Serviced Fire Extinguisher(s)

69. If applicant is the building owner, are there other occupancies? Yes No

70. Within the past three years, has **Property** coverage been cancelled or non-renewed? Yes No

If "yes," explain: _____

71. **Loss History for Property** for past **three (3)** years: If none, check here

Date of Loss	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	

72. List expiring **property** carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

MORTGAGEES/ADDITIONAL INSUREDS/LOSS PAYEES

73. List Name, Address and Interest of each:

Indicate applicable coverage:

Name: _____
 Address: _____
 Interest: _____

Property GL Liquor

Name: _____
 Address: _____
 Interest: _____

Property GL Liquor

Name: _____
 Address: _____
 Interest: _____

Property GL Liquor

INSPECTION AND AUDIT CONTACTS

74. Inspection Contact Name: _____ Telephone Number: _____ Email Address: _____

75. Audit Contact Name: _____ Telephone Number: _____ Email Address: _____

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 not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when 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 a 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 nonpayment of premium.

Colorado Fraud Statement: 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 Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine and Washington Fraud Statement: 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 a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): 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 and may be subject to fines and confinement in prison.

Applicant's Signature _____ Title _____ Date _____
(Owner or Officer) (Required) (Required)

Broker's Signature _____

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 complete application through local Agent or Broker to: _____
