

RESTAURANT / BAR / TAVERN & LIQUOR LIABILITY SUPPLEMENT

Agency Name: _____ Phone Number _____

Agent Name: _____ Email address: _____ Agency Code _____

Applicant/Named Insured: _____

Mailing Address: _____

Location Address: _____

Website Address: _____ Phone: _____ Fax: _____

Name of person to contact for inspection: _____

Title of person: _____ Email address: _____ Phone number: _____

A. Financial Information

Provide Receipts for: _____ Last 12 Months _____ Estimated Next 12 Months _____

1. Alcoholic Beverages _____

2. Food _____

3. Other: _____

4. Total Gross Receipts _____

Name of person to contact for financial records: _____

Title of person: _____ Email address: _____ Phone number: _____

B. General Information

1. Number of: _____ Years in operation: _____ Years at this address: _____

Years of experience management has had in restaurant/bar/tavern industry: _____

2. Days and hours of operation: _____

(a) What is the latest hour the establishment will ever stay open? _____ AM _____ PM _____ 24 Hours

(b) What time do you stop selling or serving alcohol? _____ AM _____ PM _____ 24 Hours

3. Is the applicant a member of the National Restaurant Association? _____ Yes _____ No

If yes, provide license number: _____

4. Average clientele age: _____ Under 18 _____ 18-24 _____ 25-34 _____ 35-50 _____ Over 50

5. Are Bouncers or Security provided? _____ Yes _____ No

If yes, are they:

a) _____ Armed – How Many? _____

b) _____ Unarmed-How many? _____

c) _____ Employees-How many? _____

d) _____ Independent or Contracted – How many? _____

e) _____ Off-duty police officers - How many? _____

f) If independent or contracted or off-duty police officers, indicate if they are required to provide:

_____ Certificate of Insurance? _____ Hold Harmless Agreement?

6. Does applicant have any of the following:

_____ Dance Floor: _____ sq. ft. _____ Pool Tables: # _____ Karaoke

_____ Pinball Machines: # _____ Dart Board _____ Disc Jockey

_____ Exotic Dancers: # _____ Movies/Videos _____ Live Music – Solo Artist

_____ Full Nudity _____ Video Games _____ Live Music – Groups

_____ Partial Nudity _____ Comedy Shows _____ Mechanical Rides

Describe in detail any box with an "X" above (include number of days per week, type of music, etc.)

7. Is the use of pyrotechnics ever allowed by management? ☐ Yes ☐ No
8. Any other types of entertainment? ☐ Yes ☐ No
If yes, provide details: _____
9. Any Off-Premises Catering? ☐ Yes ☐ No
If yes, catering percentage of food receipts? _____
Catering with liquor? ☐ Yes ☐ No
Catering percent of Liquor receipts? _____
10. Table-side cooking? ☐ Yes ☐ No
If yes, what type? _____
11. Seasonal Risk? ☐ Yes ☐ No
If yes, months and hours of operation? _____
12. Any sale of products containing Cannabis, THC or CBD or sale or use of Hookah type devices? ☐ Yes ☐ No
13. Wedding venue or event hall? ☐ Yes ☐ No
14. Apartments in the building are sprinklered or has central station fire alarm in restaurant with interconnected fire detectors in residential area? ☐ N/A ☐ Yes ☐ No

C. General Liability Information

1. Number of employed: Managers: _____ Bartenders: _____ Waiters/Waitresses: _____
2. Number of other employees serving alcoholic beverages: _____
3. Is table service provided? ☐ Yes ☐ No
4. Building's legal capacity as established by fire marshal or fire department: _____
5. Number of exits: _____ Are they all marked with "Exit" signs? ☐ Yes ☐ No
6. Are all exits equipped with panic door hardware? ☐ Yes ☐ No
If no, are all exits kept unlocked during business hours? ☐ Yes ☐ No

D. Cooking Hazard

1. Is any type of cooking done on premises? ☐ Yes ☐ No
If yes, check all that apply: ☐ Microwave only ☐ Deep Fryers/Grills ☐ Other: _____
2. UL approved auto extinguishing system over all cooking surfaces and deep fryers? ☐ Yes ☐ No
If yes, type of system: ☐ Wet Chemical (UL 300 approved) ☐ Dry Chemical
Is there a semi-annual service contract for auto extinguishing system? ☐ Yes ☐ No
3. Is there an automatic shut off for gas or electric service? ☐ Yes ☐ No
If no, is there a manual shut off? ☐ Yes ☐ No
4. Are hoods and ducts equipped with filters? ☐ Yes ☐ No
If yes, what type of filter? Hoods _____ Ducts _____
5. Are filters cleaned daily and hoods cleaned weekly? ☐ Yes ☐ No
If no, how often are they cleaned? Filters _____ Hoods _____
6. Contract in place for semi-annual cleaning of hood & ducts (verified by sticker)? ☐ Yes ☐ No
7. Contract in place for semi-annual cleaning of Automatic Extinguishing System (verified by sticker)? ☐ Yes ☐ No
8. Thermostat and separate high temperature shutoff for deep fat fryers? ☐ Yes ☐ No
If yes, manual shutoff or automatic shutoff? _____
10. What is the hood clearance (distance) from all combustible materials? _____

E. Property Coverage Information

1. Distance from nearest: Responding fire station: _____ miles Fire hydrant: _____ feet PPC: _____
2. Year built: _____ # of stories: _____ Construction: ☐ Frame ☐ Other: _____
3. Total square footage of building: _____ Square footage occupied by applicant: _____
4. List other occupants: _____ Square footage of outdoor seating: _____
5. Any fire extinguishers? ☐ Yes ☐ No If yes, how many? _____

- a) Have fire extinguishers been serviced and tagged within past year? ☐ Yes ☐ No
- b) Are portable fire extinguishers mounted and accessible to cooking areas? ☐ Yes ☐ No
5. Year of last updates (or N/A if none) to: Roof: _____ Electrical: _____ Plumbing: _____ HVAC: _____
6. Is there a: Central station fire alarm? ☐ Yes ☐ No Central station burglar alarm? ☐ Yes ☐ No
- If yes, identify central station: _____
7. Sprinklers? ☐ Yes ☐ No If yes, provide % of square footage covered by sprinklers: _____
8. Type of wiring: ☐ Copper ☐ Aluminum ☐ Pigtailed
9. Type of roofing: ☐ Asphalt ☐ Composition ☐ Wood shake/shingle ☐ Other: _____
10. Any on-site storage or recharging of E-Bikes or batteries? ☐ Yes ☐ No

F. Liquor Liability Information

1. Name on Liquor License: _____
- (Note: name must be the same as Named Insured)**
2. License Number: _____
3. Requested Limits of Insurance (Each Common Cause/Aggregate):
- | | | |
|--|--|--|
| <input type="checkbox"/> \$50,000 / \$50,000 | <input type="checkbox"/> \$300,000 / \$300,000 | <input type="checkbox"/> \$500,000 / \$1,000,000 |
| <input type="checkbox"/> \$50,000 / \$100,000 | <input type="checkbox"/> \$300,000 / \$600,000 | <input type="checkbox"/> \$1,000,000 / \$1,000,000 |
| <input type="checkbox"/> \$100,000 / \$100,000 | <input type="checkbox"/> \$500,000 / \$500,000 | <input type="checkbox"/> \$1,000,000 / \$2,000,000 |
| <input type="checkbox"/> \$100,000 / \$200,000 | | |
4. Location type: ☐ Bar or Tavern ☐ Convenience Store ☐ Pool Halls
- ("X" all applicable): ☐ Bowling Alley ☐ Distributor/Wholesaler ☐ Private Club
- ☐ Casino ☐ Motel/Hotel ☐ Restaurant
- ☐ Caterer/Hall ☐ Night Club ☐ Special Event
- ☐ Country Club ☐ Package or Grocery Stores ☐ Sports Bar
- ☐ Other: _____
5. Indicate location are type: ☐ Residential ☐ Resort ☐ Rural ☐ Suburban ☐ Industrial
- ☐ Downtown ☐ Commercial (Non-Industrial)
6. Predominant age of patrons: ☐ 21-25 ☐ 26-35 ☐ 36-50 ☐ 51 and over
7. Does applicant allow anyone under 21 on premises? ☐ Yes ☐ No
- If yes, explain: _____
8. Is there a door or cover charge? ☐ Yes ☐ No
9. Does the applicant have a doorman? ☐ Yes ☐ No
- If yes, provide number on duty at one time: _____
10. Does applicant have ID checkers? ☐ Yes ☐ No
- If yes, provide number on duty at one time: _____
11. Any alcohol delivery or take-out? ☐ Yes ☐ No
- If yes, explain: _____
12. "X" any of the following provided or sponsored by the applicant:
- | | | | |
|---|---|---|---|
| <input type="checkbox"/> 2 for 1 Drinks | <input type="checkbox"/> Free Alcoholic Drinks | <input type="checkbox"/> Double for Single Prices | <input type="checkbox"/> Singles Night |
| <input type="checkbox"/> Ladies Night | <input type="checkbox"/> Athletic Contest or Events | <input type="checkbox"/> Late Night Happy Hour | <input type="checkbox"/> Drink Specials |
13. Number of patrons on premises at any one time: Maximum: _____ Average: _____
14. Maximum number of employees (including owners and managers) on duty at any one time: _____
15. Has applicant or this establishment ever:
- a) Been charged, cited or fined by ABC commissions or other governmental regulator? ☐ Yes ☐ No
- b) Had its alcohol beverage license suspended or revoked? ☐ Yes ☐ No
- c) If yes, explain: _____
16. Does applicant have a certified alcohol awareness training program for the prevention of alcohol abuse? ☐ Yes ☐ No
- If yes, complete the following:
- a) Name of program: _____
- b) Are all servers trained within sixty (60) days of employment? ☐ Yes ☐ No
- c) Do you provide procedures to employees regarding service to minors and intoxicated persons? ☐ Yes ☐ No
- d) Do you provide free rides home to intoxicated persons? ☐ Yes ☐ No

17. Show liquor liability insurer(s) for the past five (5) years:

	Carrier Name	Policy Number	Policy Period	Limits
Year 1			to	
Year 2			to	
Year 3			to	
Year 4			to	
Year 5			to	

18. List any liquor liability claims insured or uninsured in the past five (5) years:

Date of Loss	Description of Loss	Amount Paid	Amount Reserved
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

19. Provide current General Liability carrier, policy term and limits:

Carrier Name	Policy Number	Policy Period	Limits
		to	

20. Is assault and/or battery excluded on current General Liability policy? ___Yes ___No

21. Do you have knowledge of any injury or accident which might have been caused by the serving of alcoholic beverages from your establishment which occurred after the requested effective date and prior to the completion of this application? ___Yes ___No

If yes, explain in detail including name of injured party and date of incident: _____

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Applicant Name

Applicant Signature

Date

Producer Name

Producer Signature

Date