



Taverns, Bars, Nightclubs Supplemental Application

(to be completed in conjunction with ACORD Application)

Applicant: _____

Premises Address: _____

Business Information

Check any of the following that apply:

- Weapons on premises other than off duty police
- New venture and owner has less than three years management/ownership experience in the restaurant/bar/tavern industry.
- Topless, nude, exotic entertainment or go-go dancers
- Patrons or employees allowed to dance on the bar/tables/stage
- Special effects or pyrotechnics used
- Teen club catering to under 21 clientele whether daily or special events
- Mechanical bull or any mechanized rides
- Organized/Promoted drinking games events at establishment (Beer Pong, etc)
- Flaming drinks or flaming shots of any kind
- Liquid Nitrogen drinks or Liquid Nitrogen shots of any kind
- Minimum drink requirements per customer
- Bottle Service sales of hard liquor including set ups/mixers (wine is permitted)
- Patrons are allowed to pour drinks and/or serve themselves – wait staff is not required to serve every drink to patrons
- BYOB other than wine
- All you can drink specials

If any of the above are selected this risk is ineligible for our in-house programs but may be approved by a brokerage carrier

1) Receipts/Rating Information:

\$_____ On Premise Alcohol \$_____ Food \$_____ Admissions
 \$_____ Package/liquor store \$_____ Gift Shop Raw Seafood No Yes
 \$_____ Off Premises Food Catering \$_____ Off Premises Liquor Catering
 \$_____ Billiards \$_____ Gaming Devices

Square Feet or number of spaces in parking area controlled by insured _____

of Docks, Boats Slips, Piers, Swimming Pool? _____

Other receipts (explain): _____

- 2) Average Price of entrée:\$_____
- 3) Currently Open for Business No Yes
- 4) Number of years at this location under current ownership: _____
- 5) Total years in Restaurant/Tavern Management: _____ Ownership: _____
- 6) Days of Operation:_____ Hours of Operation:_____
- 7) Are renovations taking place? No Yes If "Yes", please explain:_____

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- 8) Do you permit patrons under the age of 21? No Yes. What hours:_____
- 9) Does the applicant have any off premises catering? No Yes. If "Yes", is any liquor served off premises or at catered events? No Yes Explain:_____
- 10) Do you deliver food? No Yes Explain:_____

Do you have a Business Auto Policy in force? No Yes
 Are you requesting Non-Owned Auto Coverage? No Yes

- 11) Bouncers/Security Guards? No Yes Number:_____

Are they armed? No Yes

Are they employees or hired sub-contractors? If sub-contractors, do they maintain insurance and name your establishment as additional insured?

No Yes

Off-Duty Police? No Yes, describe: _____

Are extra bouncers and/or security guards utilized from time to time?

No Yes (frequency)_____

- 12) Is valet parking provided? No Yes

If "Yes", by employees or service? employees sub-contractor.

If sub-contractor, does the sub-contractor maintain insurance and name your establishment as additional insured? No Yes

- 13) Total Square Footage: _____. Customer Occupied Square Footage: _____.

- 14) Have there been any incidents involving Assault & Battery in the last 5 years?

No Yes. If "Yes", please explain: _____

Entertainment/Dancing

- 15) Is there dancing? No Yes, Number of nights: _____

- 16) Any nationally known acts? No Yes Are promoters used? No Yes

- 17) Any special events? No Yes If yes, describe:_____

How often? _____ times per week/month

Commercial Kitchen If none, check here

- 18) Is there an automatic suppression system? No Yes

- 19) Does the system protect all hoods and ducts? No Yes Griddles? No Yes
- 20) Does the applicant have a service contract for automatic fire extinguishing system?
 No Yes Date last cleaned: _____ Frequency of cleaning: _____
- 21) Is there an automatic fuel shut-off device? No Yes
- 22) Does the applicant have a contract with an outside commercial cleaning company for hood and duct system? No Yes Date last serviced: _____ Frequency of cleaning: _____

Liquor Liability

- 23) Previous carrier: _____ Expiration Date: _____
 Claims made Occurrence State Liquor License Number: _____
- 24) Liq Liability coverage ever cancelled or non-renewed? No Yes, please explain:

- 25) Has applicant ever been cited or fined for violation of law or ordinance relating to the sale of alcohol: No Yes, please explain: _____

Alcoholic Beverage Training – By signing this application you are confirming the following:

TX Locations: All employees, managers and individual owners who are directly involved in the day-to-day operation, management, and/or service of alcoholic beverages at any time must hold a current and valid Seller Training Certification from the Texas Alcoholic Beverage Commission (TABC).

FL Locations: You are in full compliance with **FLORIDA RESPONSIBLE VENDOR ACT** as outlined in **Section 561.705 of the FLORIDA STATUTES**

All other states: You require all servers to complete Seller Server Training/TIPS prior to beginning work.

If at any time during the policy period these Alcoholic Beverage Training conditions are not met, your coverage could be rescinded and deemed null and void. All questions are certified to be true and accurate as a condition of coverage. If any information on this application has been knowingly misrepresented coverage may be terminated by the carrier.

Applicant/Insured

Signed: _____ Date: _____

Producing Agent

Signed: _____ Date: _____