

# Hudson Insurance Group

## Supplemental Application - Restaurants, Bars and Taverns

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1. Named Insured: \_\_\_\_\_  
\_\_\_\_\_
2. Named Insured Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Premises Address: \_\_\_\_\_
4. Effective / Expiration Dates: \_\_\_\_\_
5. Number of years in the business at this location: \_\_\_\_\_  
If less than 5 years, management experience prior to this operation: \_\_\_\_\_  
\_\_\_\_\_

6. Type of Operations:

Deli \_\_\_\_\_ Private Club \_\_\_\_\_  
Bar/Tavern \_\_\_\_\_ Fast Food \_\_\_\_\_  
Family Dining \_\_\_\_\_ Banquet Hall \_\_\_\_\_  
Fine Dining \_\_\_\_\_ Other \_\_\_\_\_

7. Are there catering operations off premises? \_\_\_\_\_ If so, % of total receipts?
8. Does operation include deliveries? \_\_\_\_\_
9. Is valet parking provided? \_\_\_\_\_ If yes, is it provided by employees or third party?  
Are certificates of insurance required for third party valet parking? \_\_\_\_\_
10. What are the hours of operation? S \_\_\_\_\_ / M \_\_\_\_\_ / T \_\_\_\_\_ / W \_\_\_\_\_  
Th \_\_\_\_\_ / F \_\_\_\_\_ / Sat. \_\_\_\_\_
11. What is the seating capacity? \_\_\_\_\_

12. Receipts for last three years:

Year	Food	Liquor	Other	Total

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13. Indicate all cooking types that apply:

Grilling		Bar-B-Q		Tablesider Cooking		Cooking w/ Solid Fuel	
Roasting		Deep Fat Frying		Open Broiling		Other Method	

14. Does an approved automatic extinguishing system cover all cooking surfaces? \_\_\_\_\_

15. Is there a contracted maintenance / cleaning agreement for the system? \_\_\_\_\_

16. Are there hoods and ducts over cooking equipment? \_\_\_\_\_

17. Is there a maintenance contract for the hoods and ducts? \_\_\_\_\_

18. How often are hoods and ducts cleaned? \_\_\_\_\_

19. Are BC and K fire extinguishers located in the kitchen? \_\_\_\_\_

20. Is there adequate clearance between the hoods, ducts, cooking equipment and any combustibles? \_\_\_\_\_

What is the distance? \_\_\_\_\_

21. Name and Address of Mortgagee (s) or Loss Payee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Describe any entertainment provided: \_\_\_\_\_

How many nights each week? \_\_\_\_\_

Is there a stage? \_\_\_\_\_

23. Is there a dance floor? \_\_\_\_\_ Size? \_\_\_\_\_

24. Are there pyrotechnics? \_\_\_\_\_ Foam? \_\_\_\_\_

25. Are there any amusement devices on site, such as pool tables, dart boards, pinball machines, Gambling devices, Video / electronic games, mechanical devices, poker tables w/ dealers? Be specific. \_\_\_\_\_

\_\_\_\_\_

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---

26. Are there recreational areas or other activities provided for patrons, such as wrestling, volleyball, boxing, basketball? Be specific. \_\_\_\_\_

27. Are bouncers, doormen or parking patrol utilized by the Applicant? \_\_\_\_\_

If yes, are they employees or contractors? \_\_\_\_\_

Do they carry firearms? \_\_\_\_\_

### LIQUOR SECTION

1. Liquor License #: \_\_\_\_\_

2. Have there been any violations or suspensions in the last three years? \_\_\_\_\_

3. Is there a full bar on premises? \_\_\_\_\_ Number of bars? \_\_\_\_\_

4. Are drink specials, happy hour, shot special or other promotions offered? \_\_\_\_\_

Be specific: \_\_\_\_\_

\_\_\_\_\_

5. Are patrons allowed to bring alcohol on the premises? \_\_\_\_\_ Is the amount monitored? \_\_\_\_\_

6. Are all alcohol server employees given liquor training? \_\_\_\_\_ If so, what program is utilized? \_\_\_\_\_

\_\_\_\_\_

7. Is there a written policy on serving alcohol, including checking patron's identification prior to serving alcohol; notifying management if employee refuses to serve patron; calling a taxi or other service for transportation home for apparently intoxicated patrons? \_\_\_\_\_

\_\_\_\_\_

8. Is documentation kept on each liquor incident, including refusal to serve? \_\_\_\_\_

9. Are background checks conducted on employees? \_\_\_\_\_

Named Insured Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### FRAUD WARNINGS

**To All Prospective Insureds:** 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

**To Prospective Insureds in:**

**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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia:** "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."

**Florida and Oklahoma:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**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 \$5,000 and the stated value of the claim for each such violation.

**New York (Fire insurance applications):** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**New York (Automobile):** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

**Pennsylvania (Automobile):** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.