



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## NIGHTCLUB, GENTLEMAN'S CLUB, OR SOCIAL CLUB SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

### GENERAL INFORMATION

1)

|   |  |  |                |
|---|--|--|----------------|
| Named Insured:  |  |  |                |
| Brokerage/Broker:   |  |  | Agency/Agent:  |
| Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  | Policy Number: |
| Effective Date:   |  |  |                |
| Website:  |  |  |                |

2)

Current Carrier Information:

|  |   |                   |  |
|--|---|-------------------|--|
| Carrier:   |   |                   |  |
| Limit of Insurance:  |   |                   |  |
| Deductible:  |   |                   |  |
| Premium:   |   |                   |  |
| Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/> | Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/> | Retroactive date: |  |

Please attach copies of the following:

- Currently valued five year loss runs, including claim detail for all losses open or exceeding \$10,000
- Applicant's brochure, description of operations, or marketing materials if a website is not available
- A completed Kinsale General Casualty Schedule of Locations Supplemental Table for your premises

3)

Mailing address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4)

Please complete the below table regarding your sales:

|                | Upcoming Year (est.): | Last 12 Months: | One Year Prior: | Two Years Prior: | Three Years Prior: |
|----------------|-----------------------|-----------------|-----------------|------------------|--------------------|
| Food Revenue   |                       |                 |                 |                  |                    |
| Liquor Revenue |                       |                 |                 |                  |                    |
| Other: _____   |                       |                 |                 |                  |                    |
| Other: _____   |                       |                 |                 |                  |                    |
| <b>TOTAL</b>   |                       |                 |                 |                  |                    |

a. If more than one box in 6) is checked, please clarify what percentage of sales is in each category: \_\_\_\_\_  
\_\_\_\_\_

5) Audit/Inspection contact: \_\_\_\_\_

a. Phone number: \_\_\_\_\_

b. Email: \_\_\_\_\_

## OPERATIONS

6) What are your operations? Check all that apply:

- Nightclub                       Event Venue/Concert Hall                       Bondage, Fetish or Swingers Club  
 Gentleman's Club                       Male Exotic Dancers                       Burlesque or Cabaret Club  
 Other \_\_\_\_\_

7) How long have you been in operation under this business name or any others (please provide any prior entities or additional entities/DBAs to be covered)? \_\_\_\_\_  
\_\_\_\_\_

8) Do you have regular operating hours? Yes  No

a. If yes, complete the below:

- + Monday: \_\_\_\_\_  
+ Tuesday: \_\_\_\_\_  
+ Wednesday: \_\_\_\_\_  
+ Thursday: \_\_\_\_\_  
+ Friday: \_\_\_\_\_  
+ Saturday: \_\_\_\_\_  
+ Sunday: \_\_\_\_\_

b. If no, complete the below:

- + How many days/nights, on average, are you open a month? \_\_\_\_\_  
+ Do you have seasonal operation? Yes  No   
+ If you have seasonal operation, please describe: \_\_\_\_\_

9) What is your permitted building occupancy? \_\_\_\_\_

a. What is your seating capacity? \_\_\_\_\_

10) How many events, annually, do you host? \_\_\_\_\_

11) Is your club members only? Yes  No

a. If yes, do you allow non-members on certain nights, at events, or with member guest passes? Yes  No

12) Do you allow patrons under the age of 21? Yes  No

a. If yes, is entry under 21 permitted to designated events or evenings? Yes  No

b. Do you allow patrons under the age of 18? Yes  No

13) Do you have dedicated door or host staff that checks the ID of all patrons at the time of entry? Yes  No

14) What entertainment do you offer in your establishment? Check all that apply:

- Cage/Go-go Dancers                       Exotic Dancers                       Burlesque Performances  
 Private Dances (on main floor)                       Private Dances (private booth)                       Drag Performances  
 Live Bands                       DJs                       Karaoke

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Standup Comedy | <input type="checkbox"/> Open Mic Nights     | <input type="checkbox"/> Dance Floor        |
| <input type="checkbox"/> Foam Parties   | <input type="checkbox"/> Black Light Parties | <input type="checkbox"/> Masquerade Parties |
| <input type="checkbox"/> Other _____    |  |   |

15) How frequently is entertainment offered? If more than one item in 14) is indicated, please describe for each type of entertainment: \_\_\_\_\_

- 16) Do you offer hookah/shisha smoking or a cigar lounge at your establishment? Yes  No
- a. If yes, do you sell or provide gratis any tobacco products? Yes  No
- b. Do you sell or provide any smoking materials other than tobacco? Yes  No
- c. What percentage of your patrons smoke while at your establishment? \_\_\_\_\_

- 17) If you are operating a bondage, fetish or swingers club, or a nightclub that hosts events of this nature, what equipment do you offer patrons access to? Check all that apply:
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Body Piercing/Suspension | <input type="checkbox"/> Branding              | <input type="checkbox"/> Violet Wand/Electroshock Devices      |
| <input type="checkbox"/> Restraints/Stockading    | <input type="checkbox"/> Rope (no suspensions) | <input type="checkbox"/> Rope/Rigging (suspensions)            |
| <input type="checkbox"/> Swings/Aerial Seats      | <input type="checkbox"/> Flogs/Whips           | <input type="checkbox"/> Condoms or other prophylactic devices |
| <input type="checkbox"/> Other _____              |  |  |
- a. Are all patrons required to sign a waiver before engaging in any activities? Yes  No
- b. Are employees permitted to engage in activities with patrons? Yes  No
- c. Is equipment sanitized or disposed of after each use? Yes  No
- d. Do you allow sexual activity to be conducted at your location? Yes  No
- e. Do you allow cutting/knife play, blood consumption, or breath restriction at your location? Yes  No
- f. Do you allow the filming of pornographic films at your location? Yes  No
- g. Are employees trained on recognizing signs of human trafficking? Yes  No

- 18) Do you have a pole for dancing purposes? Yes  No
- a. If yes, how many? \_\_\_\_\_
- b. Is anyone other than an employee permitted to dance on the pole(s)? Yes  No
- c. What is the maximum height of the tallest pole? \_\_\_\_\_
- d. How are poles secured to the floor and ceiling? \_\_\_\_\_

- 19) Do you have a stage? Yes  No
- a. If yes, how high is the stage? \_\_\_\_\_
- b. Is there a guard rail creating a gap between the patron floor and stage where access is limited to security personnel, stagehands, employees, performers, etc.? Yes  No
- c. Are patrons ever permitted to access the stage? Yes  No
- d. Is the stage edge clearly indicated using brightly colored glow-in-the-dark gaffing tape, strip lighting, or other highly visible indicators? Yes  No

**SAFETY INFORMATION**

- 20) Do you have any security or bouncers? Yes  No
- a. If yes, are these personnel employed by you? Yes  No
- + If no, is the third party service required to hold you harmless for their operations and provide a COI showing proof of liability insurance? Yes  No

- b. Do you utilize any off-duty police officers for security? Yes  No
- + If yes, do officers carry their service firearms while on your premise? Yes  No
- + Do you contract K9 unit officers who bring their dog to your premise? Yes  No
- c. Are security guards/bouncers armed? Yes  No
- + If yes, do they carry firearms? Yes  No
- + Tasers/stun guns? Yes  No
- + Mace/pepper spray? Yes  No
- + Other: \_\_\_\_\_

- 21) Is your building sprinklered? Yes  No
- a. If yes, what percentage? \_\_\_\_\_
- 22) Do you allow the use of pyrotechnics in your establishment? Yes  No
- 23) Is all sound insulation made of an inflammable or fire-resistive material? Yes  No
- 24) Do you have adequate means of egress for your maximum occupancy level? Yes  No
- a. How many exits do patrons and staff have readily available, unlocked access to? \_\_\_\_\_
- 25) Do you have a UL approved auto extinguishing system over all cooking surfaces and fryers? Yes  No
- a. If yes, is there a semi-annual cleaning contract for the extinguishing systems? Yes  No
- 26) Does your menu have warnings regarding risks associated with the consumption of raw or undercooked meat, eggs, or seafood? Yes  No
- 27) Do you have emergency interior lighting? Yes  No
- a. Does this lighting activate automatically when a smoke/fire alarm is triggered? Yes  No
- 28) Do you offer valet parking? Yes  No
- a. If yes, is this service provided by your employees? Yes  No
- b. If yes to a. and you would like coverage for this operation, please complete the Kinsale Garage – Valet and Parking Supplemental Application.
- c. If no to a., is the third party service required to hold you harmless for their operations and provide a COI showing proof of liability insurance? Yes  No
- 29) Do you have any construction planned during the next 12 months? Yes  No
- a. If yes, please describe: \_\_\_\_\_

## LOSS HISTORY

- 30) Have you had any Liability claims that were or were not covered by insurance? Yes  No   
**If yes, please attach an explanation.**
- 31) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company? **If yes, please attach an explanation.** Yes  No
- 32) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? **If yes, please attach an explanation.** Yes  No

## FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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 in many states.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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 denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** 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 civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she 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.

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

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** 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.

**NOTICE TO VIRGINIA APPLICANTS:** 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.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_