



Restaurants, Bars, & Taverns Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY/PROPERTY APPLICATION (ACORD OR SIMILAR)

Applicant's Name: _____

DBA: _____

Operation Type (check all that apply):

<input type="checkbox"/> Bar/Tavern	<input type="checkbox"/> BBQ	<input type="checkbox"/> Buffet-Style	<input type="checkbox"/> Deli	<input type="checkbox"/> Family-Style
<input type="checkbox"/> Fine Dining	<input type="checkbox"/> Hibachi/Tablesides Cooking	<input type="checkbox"/> Hookah	<input type="checkbox"/> Microbrewery	<input type="checkbox"/> Nightclub
<input type="checkbox"/> Sushi/Raw Bar	<input type="checkbox"/> Other:			

Years of experience managing this type of operation. _____

Hours/Days of operation. _____

Does the insured cater to or offer any of the following (check all that apply):

<input type="checkbox"/> eCigarettes or Liquids	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Vaporized Alcohol	<input type="checkbox"/> Other Trendy Substances (Explain.)
Explain Other: _____				

Account Revenue Projections and History

Year	Food	Liquor	Entertainment	Admissions	Gambling	Other
Next 12 Months						
Prior Year						
Prior Year						

Is this a franchise? If yes, provide a copy of the franchise agreement. Yes No

Does the insured utilize any subcontractors? Yes No

If yes, do they provide certificates of insurance showing equal or greater limits and name the insured as AI? Yes No

Describe all subcontracted exposures. _____

[Click here to enter text.](#)

Does the insured have any water exposures (lake, pond, ocean, swimming pool, etc.)? Yes No

If the insured sells alcohol, is a separate liquor liability policy in force with equal or greater limits? Yes No

Are employees allowed to consume alcohol during their hours of employment? Yes No

If liquor sales exceed 65% of total receipts, are patrons under 21 years of age allowed in the bar areas after 10 pm? Yes No

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Does the insured have or provide any of the following (check all that apply):

- Delivery Services
- Valet Parking
- Keep or Allow Firearms on Premises
- Bouncers or Security Personnel
 - Employees Subcontractors
- Facilities Rental
- Sponsor Off-Premises Special Events
- Off-Premises Catering
- Teen/Under 21 Nights
- VIP Services
 - Private Rooms Bottle Service
 - Other: _____
- Adult Entertainment
- Drinking Games
- BYOB
- Pyrotechnics
- Dance Floor
- DJs
- Live Bands
 - Country Rock Rap Hip-Hop Metal EDM/Dance Top 40
- Live Performances Other Than Bands or DJs
 - Explain: _____
- Foam Machines
- Mechanical Rides
- Inflatables
- Amusement Devices
 - Dart Boards Billiards Arcade Games Coin-Operated Games Gambling Machines
 - Other: _____
- Sport Courts or Sponsored Sports Teams
- Children's Play Area
- None

Has the insured had any of the following (check all that apply):

- Liquor citations or violations
- Health cleanliness citations or a rating below a B
- Assault and battery claims
- Fines or citations relating to illegal activities
- None

Is there an unlocked secondary means of egress on each floor? Yes No

Are there hardwired fire and heat alarms throughout the premises? Yes No

Is there a wet ansul system over all deep fat fryers and automatic extinguishing systems over all cooking surfaces with semi-annual cleaning contracts in place with an experienced third party? Yes No



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Are all grease traps emptied and cleaned on at least a weekly basis? Yes No

Additional Remarks

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicant's Signature _____

Date _____

Agent's Signature _____

Date _____