

PREQUALIFIERS

Risk(s) are ineligible if "Yes" to any of the following:

	Yes	No
1. Operation allows guns on the premises and/or any armed security guards (including but not limited to guns, Tasers or stun guns).	<input type="checkbox"/>	<input type="checkbox"/>
2. Operates as a nightclub, cabaret (including host/hostess bar), exotic dancing or strip club.	<input type="checkbox"/>	<input type="checkbox"/>
3. Provides hazardous entertainment (i.e. punk/rap, wrestling, stage diving, body surfing, mechanical bull, mosh pits, or pyrotechnic display(s)).	<input type="checkbox"/>	<input type="checkbox"/>
4. Operates as an Oxygen bar.	<input type="checkbox"/>	<input type="checkbox"/>
5. Hookah/Shisha bars, if over 25% of entire operation receipts.	<input type="checkbox"/>	<input type="checkbox"/>
6. If seasonal operation, when closed for the season:		
a. Plumbing, water pipes, and sprinkler system are not shut off.	<input type="checkbox"/>	<input type="checkbox"/>
b. Building not checked weekly.	<input type="checkbox"/>	<input type="checkbox"/>
7. UL approved auto extinguishing systems not used over ALL cooking surfaces and deep fryers and regularly serviced/maintained.	<input type="checkbox"/>	<input type="checkbox"/>

LIQUOR LIABILITY Yes No N/A

If Liquor Liability coverage exposure requested, risks must meet the following:

	Yes	No
1. Less than 3 liquor losses/violations in the past 3 years under current management.	<input type="checkbox"/>	<input type="checkbox"/>
2. All alcohol-serving employees are certified in a Formal Alcohol Training Course. Provide name of course (e.g. TIPS, TAM, RAMP, BEST, etc.): _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Written and enforced policies for intoxicated customers and minors.	<input type="checkbox"/>	<input type="checkbox"/>
4. Valid and appropriate liquor license. Provide number: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you allow BYOB?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you dispense or provide alcoholic beverages for off-premises events?	<input type="checkbox"/>	<input type="checkbox"/>
7. Indicate if any of the following drink specials are offered:		
<input type="checkbox"/> All you can drink <input type="checkbox"/> 2 for 1 drinks <input type="checkbox"/> Drinks over 24 oz.		
<input type="checkbox"/> Athletic contests or events <input type="checkbox"/> Drinking contests <input type="checkbox"/> Whole liquor bottle service or setup		
<input type="checkbox"/> Complimentary drinks		
If Other, provide details: _____		
Number of days per week: _____		

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Type of Business:	<input type="checkbox"/> Bar/Lounge <input type="checkbox"/> Casino <input type="checkbox"/> Pool Hall/Billiard Parlor <input type="checkbox"/> Banquet Facility <input type="checkbox"/> Comedy Club <input type="checkbox"/> Private/Country Club <input type="checkbox"/> Bowling Alley <input type="checkbox"/> Fraternal Club <input type="checkbox"/> Restaurant <input type="checkbox"/> Cafeteria <input type="checkbox"/> Hookah or Shisha Bar <input type="checkbox"/> Other - Describe in detail: _____			
	Date Business Started: _____			
2. Hours of Operation:	Monday – Thursday	Friday	Saturday	Sunday
3. Management's years of experience:	_____			
4. Clientele age:	<input type="checkbox"/> 18-25 %	<input type="checkbox"/> 25-35 %	<input type="checkbox"/> Over 35 years %	<input type="checkbox"/> Over 50 years %

5. Area surrounding premises (check the most applicable):
 Rural Entertainment District Commercial Urban/Inner City
 Residential Colleges – distance from campus:

6.

Area of Premises sq. ft.	Area of Parking Lot sq. ft.	Licensed for Number of Occupants	
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7.

Number of Employees:	Managers	Bartenders	Wait Staff
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8. Is the parking lot under the applicant's control? Yes No

9. Is your building located or built on a wharf, pier, beach, dock, or on pilings? Yes No

10. Any watercraft, docks, or floats owned, hired or leased? Yes No

11. Is delivery service provided for food or liquor? Yes No

12. Do you cater? If Yes, indicate sales: \$ Yes No

13. Does establishment rent out facility for banquets, weddings, etc.? Yes No
If Yes, number of times per year:

SUB CONTRACTED WORK N/A

1. Do you require subcontractors to: Yes No

a. Sign a hold-harmless or indemnification agreement in your favor? Yes No

b. Carry General Liability coverage with coverage and limits equal or greater than your own? Yes No

c. Name you as an Additional Insured? Yes No

d. Furnish Certificates of Insurance for General Liability and Workers Compensation? Yes No

e. Keep records? Yes No

2. Total cost of work subcontracted: \$

Remarks:

REVENUE

Provide annual sales for food and alcoholic beverages (liquor, beer, and wine):

	Alcohol On-Sale	Alcohol Off-Sale	Food Sales	Other Sales	Total Sales
Next 12 months	\$	\$	\$	\$	\$
Past 12 months	\$	\$	\$	\$	\$

SPECIAL EVENTS

If you have any special events that occur off of your premises, please refer to the Special Events Supplement, S62-CG.

AMUSEMENT DEVICES & SPORTS FACILITIES

Do you have any amusement devices and/or sports facilities? Yes No

(i.e. Basketball/Volleyball Courts, Baseball Field, Pool Tables, Foosball, Air Hockey, Dart Boards, etc.)

If Yes, describe:

ENTERTAINMENT

1. Do you feature any entertainment? Yes No

a. If Yes, how often? _____ per year

b. Entertainment type: Band DJ Karaoke Solo Vocalist
 Stage/Floor Show or Contest – describe:
 Other – describe:

c. If musical entertainment, type of music: Top 40s Country Classic Rock
 Jazz Soft Rock R&B
 Alternative Rap
 Other – describe:

2. Is there a dance floor? Yes No
If Yes, indicate size of dance floor: _____ sq. ft.

SECURITY/SAFETY Yes No N/A

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 1. Is the insured/manager on duty during all open hours?
If No, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you employ "bouncers", I.D. checkers, or other security personnel? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Number of exits: _____ | | |
| a. Are all exits marked with exit signs? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are all exits equipped with panic door hardware and/or all exits unlocked during business hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are all exits secured from unauthorized entry per state requirements? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there emergency lighting? | <input type="checkbox"/> | <input type="checkbox"/> |

COOKING HAZARDS Yes No N/A

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 1. Is any type of cooking, other than microwave cooking, done on premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Automatic gas or electric shut-off for cooking with manual pull? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are hoods and ducts equipped with filters that are cleaned at a minimum of every 6 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are portable fire extinguishers mounted and accessible to cooking areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there tableside cooking or open pit barbecues? | <input type="checkbox"/> | <input type="checkbox"/> |

PROPERTY COVERAGE Yes No N/A

- | | |
|----------|----------|
| Location | 1. _____ |
| | 2. _____ |
| | 3. _____ |

	Location 1	Location 2	Location 3
Building Limit	\$ _____	\$ _____	\$ _____
Business Personal Property Limit	\$ _____	\$ _____	\$ _____
Deductible	\$ _____	\$ _____	\$ _____
Construction Class			
Protection Class			
Year Built			
# Stories			
Burglar Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Premises Fire Protection (i.e. Sprinklers, Co2/Chemical System)			
Building Improvements (incl. Year)	<input type="checkbox"/> Wiring _____ <input type="checkbox"/> Heating _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Roofing _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Wiring _____ <input type="checkbox"/> Heating _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Roofing _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Wiring _____ <input type="checkbox"/> Heating _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Roofing _____ <input type="checkbox"/> Other _____
Smoke Detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Fire Extinguishers			
Fire extinguishers serviced and tagged within the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HISTORY

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Have you or any of your companies ever filed for bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does applicant have any other business ventures for which coverage is not requested?
If yes explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		