



**RESTAURANT/TAVERN/BAR PDQ  
GENERAL LIABILITY SUPPLEMENTAL APPLICATION**

Agency Name \_\_\_\_\_ Applicant's Web Site Address \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL INFORMATION**

Receipts: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_

Liquor: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Seating Capacity: \_\_\_\_\_

Operating Hours: \_\_\_\_\_

Square footage of building \_\_\_\_\_

Yrs in business at this location? \_\_\_\_\_

**Type of Establishment - Check all that apply**

- Bar
- Sport's Bar
- Tableside Cooking
- Tavern
- Restaurant
- Nightclub or Private Club
- Bring your own liquor facility (BYOB)
- After hours establishment (Prohibited)
- Happy Hours for drink specials
- Teen Dance Club (Prohibited)
- On premises catering (% of sales \_\_\_\_\_)
- Off premises catering (% of Sales \_\_\_\_\_)
- Open Barbeque Pits
- Raw seafood served. If yes, percentage of sales \_\_\_\_\_
- Rental of facilities to others (# times per year \_\_\_\_\_)
- Food Delivery
- Other \_\_\_\_\_

**Retailer recommendation:**

Yes  No  Has the retail agent has visited the risk and recommends it for coverage?

**Liquor Liability**

Yes  No  Is applicant requesting liquor liability? If yes, please complete liquor supplemental application.

**Applicant Information**

- Yes  No  Are owners active in the business? Number years experience \_\_\_\_\_
- Yes  No  Does the applicant own the building?
- Yes  No  Does the applicant lease the building from others?
- Yes  No  Has applicant filed Bankruptcy (Chapter 7, 11 or 13) or is applicant in receivership (prohibited)
- Yes  No  Has applicant's insurance been cancelled or non-renewed in the past year for non compliance of recommendations? If "Yes", provide details: \_\_\_\_\_

**General Information**

- Yes  No  Is establishment currently open for business?
- Yes  No  Are there any apartment's in the building? If so, how many \_\_\_\_\_
- Yes  No  Is there a history of rowdiness or fights?
- Yes  No  Is property is for sale?
- Yes  No  Is property vacant, foreclosed or undergoing renovation? ? If "Yes", provide details: \_\_\_\_\_

**Cooking Exposure: Complete if Property coverage is requested:**

- Yes  No  An automatic fire extinguishing system protects hoods, ducts, grease filters and cooking areas including deep fat fryers.
- Yes  No  The fire extinguishing system has a manual release located outside the kitchen.
- Yes  No  Exhaust filters, ducts and hoods are cleaned by a professional cleaning service quarterly and inspected annually.
- Yes  No  Cooking equipment has an automatic fuel shutoff.
- Yes  No  Deep fat fryers have a temperature limit with automatic shutoff.
- Yes  No  Deep fat fryers are separated from any cooking surface by at least an 18-inch, non-combustible barrier.
- Yes  No  Is there any open flame cooking?
- Yes  No  Is there proper disposal of trash and smoking materials?

**Safety:**

- Yes  No  Is property in deteriorated condition?
  - Yes  No  Is there an adequate number of fire extinguishers on premises with current service tags?
  - Yes  No  Does building have emergency lighting?
  - Yes  No  Is building located on a wharf, pier, beach, dock or pilings?
  - Yes  No  Are steps and rails in good repair with adequate lighting?
  - Yes  No  Are there any firearms on premises?
  - Yes  No  Does insured employ bouncers?
  - Yes  No  Does insured employ ID checkers?
  - Yes  No  Does insured employ or subcontract armed security? If "yes" please provide details: \_\_\_\_\_
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**Entertainment:**

- Yes  No  Is there a dance floor? If yes, what is the square footage \_\_\_\_\_
- Yes  No  Are there bands? If yes, type of music? \_\_\_\_\_
- Yes  No  Are there DJ's? If yes, type of music? \_\_\_\_\_
- Yes  No  Are there pool tables? If yes, how many \_\_\_\_\_
- Yes  No  Does insured employ dancers?
- Yes  No  Any mechanical bulls or other patron participating activities? If "Yes", Prohibited
- Yes  No  Is there a playroom or playground for children? If "Yes", Prohibited
- Yes  No  Is there any other entertainment? If so, describe \_\_\_\_\_

**Parking:**

- Yes  No  Is parking lot under applicant's control?
- Yes  No  Is valet parking provided by your employees? If "Yes", Prohibited
- Yes  No  Is valet parking subcontracted to others? If yes, does the subcontractor must provide certificates of insurance evidencing both auto liability and garage keepers legal liability (GKLL)? \_\_\_\_\_

**Losses:**

Describe all losses in the past 3 years: \_\_\_\_\_  
 Have there been any incidents involving Assault & Battery in the past three years? If yes , explain:

**I hereby certify that all information is accurate to the best of my knowledge:**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Producer: \_\_\_\_\_ Date: \_\_\_\_\_