



Bar/Restaurants/Taverns General Liability Application

Applicants Name:
Mailing Address:
Location:
Web Site Address:

Agency Name:
Agent:
Address:
Email:
Phone:

PROPOSED EFFECTIVE DATE: From [Click here to enter a date.](#) **12:01 Standard Time at the address of the Applicant**
To [Click here to enter a date.](#) **12:01 Standard Time at the address of the Applicant**

Applicant is: Individual Corporation Partnership Joint Venture Other (describe)

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE”

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations \$
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations \$
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other \$
Medical Expense (any one person)	\$	
Other Coverage's, Restrictions and/or Endorsements Deductible	\$	Total \$

A. Classification of risk:

- Tavern Disco Bowling Center Caterer: Off premises On premises
 Restaurant Banquet facility Membership club Country Club

Number of years in business:

B. Annual sales:

	Past 12 Months	Next 12 Months
Liquor Sales	\$	\$

Food Sales	\$	\$
Other	\$	\$
Total	\$	\$

C. Are surrounding premises:

- Downtown district
 Residential/commercial
 Rural
 Shopping center
 Waterfront
 Industrial
 Resort
 Seasonal
 Suburban commercial

If waterfront, does applicant provide boat docking facilities for patrons? Yes No

If yes, how many docking spaces for boats?

D. Clientele:

- Local residents
 Families
 Retirement community
 College Students
 Seasonal residents

Median age of patrons: 18-25
 25-30
 30-40
 40 and over

Are premises located near a college or university? Yes No

E. Entertainment:

Is there any live entertainment on premises? Yes No

Number of times per week:

If yes, describe (include go-go dancers, topless, disco, exotic, female/male):

Is there dancing? Yes No

Number of times per week: Square footage of dance floor:

Does applicant have amusement devices? Yes No

If yes, how many? Describe:

Is there a minimum or cover charge? Yes No

Sports on premises? Yes No

If yes, provide complete details:

Sports sponsored off premises? Yes No

Number of times per week: Give details:

Does applicant sponsor any special events? Yes No

If yes, describe:

F. General Information

Are facilities available for use or rent for private parties, receptions, banquets or similar affairs? Yes No

If yes, number of times per year: Describe:

Does applicant advertise or promote "happy hour" or other events when drinks are sold at a lower price than usual? Yes No

Do you subscribe to a taxi or other service providing transportation home to apparently intoxicated persons?

Yes No If yes, describe:

Number of years under current management: How many hours per day is applicant open?

Types of meals served: Full meals Short order
 Maintenance of building is: Good Average Poor
 Housekeeping is: Good Average Poor

Square footage of bar/restaurant:

Does applicant have parking area? Yes No Is lot well lit? Yes No

In the past five (5) years, has applicant been cited by the Liquor Control Commission? Yes No

If yes, give dates and full explanation:

Are police records and background checks conducted on employees? Yes No

Number of bouncers or doormen:

Are security guards/bouncers/doormen employees or independent contractors? Employees IDC

If independent contractors, do they provide Certificates of Insurance and Additional Insured Endorsements to the applicant? Yes No

Does applicant have Workers' Compensation coverage in force? Yes No

Total number of employees:

G. During the past three (3) years, has any company ever cancelled, declined or refused to issue similar insurance to applicant? (Not applicable in Missouri) Yes No

If yes, explain:

Previous Insurer and loss history: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three (3) years. See loss run attached

Year	Company	Policy #	Premium	Paid Losses	Reserved Losses	Loss Description

SCHEDULE OF HAZARDS								
Loc. No.	Classification	Class Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem./Ops.	Products/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.

H. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes explain and advise where insured:

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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 subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files and 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 five thousand dollars and the stated value of the claim for each such violation.

I/We agree to submit records for audit by the Company upon termination or expiration of this policy for the determination of actual gross receipts during the coverage period.

APPLICANTS NAME AND TITLE:

APPLICANTS SIGNATURE: _____
(must be signed by an active owner, partner or officer)

DATE: _____

PRODUCERS SIGNATURE: _____

DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT:

Name:

Phone:

IMPORTANT NOTICE

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