



**COLONY INSURANCE COMPANY
TAVERN PDO
SUPPLEMENTAL APPLICATION**

General Agent Name _____

Address: _____

Phone: _____

Fax: _____

Date: _____

Insured: _____ Location: _____

GENERAL INFORMATION

Receipts: Total: \$ _____
 Food: \$ _____
 Liquor: \$ _____
 Other: \$ _____

Total Employees: FT _____ PT _____
 Bar Tenders: FT _____ PT _____
 Servers: FT _____ PT _____

Operating Hours: _____
 Days: _____

Premises: Owned _____ Leased _____
 Total Area: _____ sq. ft.
 Area occupied by Insured: _____
 Seating Capacity: _____

Are owners active in business? Yes _____ No _____

Years of Experience: _____

Any cooking done? Yes _____ No _____ If yes, describe: _____

Cooking controls: Ansul system? Yes _____ No _____

Service Agreement? Yes _____ No _____

Frequency of service & cleaning: Ansul _____ Hoods/Ducts _____

Retailer visited & recommended risk? _____ (Submit if "no")

Any firearms on premises? Yes _____ No _____

Retailer visited & recommended risk? _____ (Submit if "no")

ACTIVITIES AND ENTERTAINMENT

Any entertainment provided? (If so, specify) _____

Advise the number of the following on the premise, if any:

- Pool Table _____ Dart Boards _____ Video Games _____

Is there any entertainment on the premise? Yes _____ No _____

• If yes, how often & describe, e.g. live rock bands, DJ, etc. _____

Is there a dance floor? Yes _____ No _____

If yes, dimensions and type of dancing _____

Does this establishment employ female or male dancers? Yes _____ No _____

LIQUOR INFORMATION

Is Liquor Liability to be quoted through Colony Insurance?

If Yes:

- Advise type of training of Owners, Managers, Employees: _____

- Liquor License Held: Beer/Wine _____ Liquor _____ Both _____
- List and Describe all State Liquor Losses in Past Three Years. _____
_____ None
- List and Describe all State Liquor Violations in Past Three Years. _____
_____ None

If No:

- Advise Carrier, limits of coverage, effective dates, and policy number. _____
_____ No Coverage

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

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____