



GENTLEMEN'S CLUB SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD applications for each line of business)

Insured: _____

Location: _____

Circle &/or fill in the appropriate response to each of the below.

A: All Lines:

Number of years in business at this location: _____

Number of years experience operating this type of business: _____

Business Hours: (a.m. /p.m.) to (am/pm) Number of days open per week

- 1) Has the insured had more than two (2) reported claims in the prior three (3) years or a paid or reserved claim exceeding \$25,000.? Yes No
- 2) Is there an outside sports facility? Yes No
- 3) Does this risk employ armed or hire armed independent security personnel? Yes No
Contact us if any response to questions 1 through 3 above is Yes.
- 4) What is the total square footage of this risk? _____ sq. ft.
Contact us if over 7,500 sq. ft.
- 5) Does this risk close at or prior to legal closing time and in no instance beyond 4:00 a.m.? Yes No
- 6) Are adequate means of egress for occupancy level provided? Yes No
- 7) Does this risk have adequate emergency lighting (interior)? Yes No
- 8) Are parking lots and sidewalks in good condition? Yes No
Contact us if any response to questions 5 through 8 above is No.
- 9) Breakdown of Revenues (Required):

Figures	Prior Year	Estimated Next 12 Months
Food		
Alcohol		
Clothing/Gift Items		
Cover Charges		
Total Revenues*		

***Contact us if Total Revenues exceed \$1,500,000..**

B: Property: (You do not need to complete this portion of the application if you are not providing Property quote/coverage.)

- 1) Is any type of cooking done on premises? Yes No (If No, skip to question 5 below.)
Is cooking microwave only? Yes No (If yes, skip to question 5 below.)
- 2) UL approved auto extinguishing system over ALL cooking surfaces & fryers? Yes No
- 3) Semi-Annual cleaning contract for extinguishing system? Yes No
- 4) Are portable fire extinguishers mounted & accessible to cooking areas? Yes No
Serviced and Tagged within the past year? Yes No
- 5) Is there a Central Station Alarm System? Yes No (Required for Special &/or Crime Coverages.)

Contact us if any response to questions 2 through 4 (property) is No.



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C: Liquor Liability: (You do not need to complete this portion of the application if you are not providing Liquor Liability quote/coverage, or if *Liquor Liability is not available in your state within this program*. Skip to Order Inspection below.)

- 1) Liquor Licensee Name: _____
- 2) Are the premises inside corporate limit of City, Town, or Village? Yes No (If no, how far outside (miles)? _____)
- 3) Is any adjacent county dry? Yes No (If yes, name of County and State): _____
- 4) Any claims – last five (5) years arising out of assault with a weapon? Yes No (**If yes, Liquor Liability coverage may not be written.**)

Order Inspection Report to include information on all lines being written for this risk.

Inspection ordered? Yes No Date Ordered

Remarks:

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.



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<p><u>Applicable in KY, NY, OH and PA</u> 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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.</p>	
<p><u>Applicable in ME, TN, VA and WA</u> It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.</p>	
<p><u>Applicable in NJ</u> Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p>	
<p><u>Applicable in OK</u> WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).</p>	
<p><u>Applicable in OR</u> Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.</p>	
<p><u>Applicable in Other States:</u> WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.</p>	
<p>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.</p>	
Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email