



RESTAURANT / BAR / TAVERN & LIQUOR LIABILITY SUPPLEMENT

Applicant/Named Insured: _____
 Mailing Address: _____
 Location Address: _____
 Website Address: _____ Phone: _____ Fax: _____
 Policy Number: _____

A. Financial Information

Provide Receipts for:	<u>Last 12 Months</u>	<u>Estimated Next 12 Months</u>
1. Alcoholic Beverages	_____	_____
2. Food	_____	_____
3. Other: _____	_____	_____
4. Total Gross Receipts	_____	_____

Name of person to contact for financial records: _____
 Title of person: _____ Phone number: _____

B. General Information

- Number of: Years in operation: _____ Years at this address: _____
 Years of experience management has had in restaurant / bar / tavern industry: _____
- Days and hours of operation: _____
 (a) What is the latest hour the establishment will ever stay open? _____ AM PM 24 Hours
 (b) What time do you stop selling or serving alcohol? _____ AM PM 24 Hours
- Is the applicant a member of the National Restaurant Association? Yes No
 If yes, provide license number: _____
- Average clientele age: Under 18 18 - 24 25 - 34 35 - 50 Over 50
- Are Bouncers or Security provided? Yes No
 If yes, are they:
 a. Armed Unarmed How many? _____
 b. Employees Independent or Contracted Off-duty police officers
 c. If independent or Contracted or Off-Duty Police Officers, indicate if they are required to provide:
 Certificate of Insurance? Hold harmless Agreement?
- Does applicant have any of the following:
 Dance Floor: _____ sq. ft. Pool Tables: # _____ Karaoke
 Pinball Machines: # _____ Dart Board Disc Jockey
 Exotic Dancers: # _____ Movies/Videos Live Music - Solo Artist
 Full Nudity Video Games Live Music - Groups
 Partial Nudity Comedy Shows Mechanical Rides

Describe in detail any box with an "X" above (include number of days per week, type of music, etc.):

7. Is the use of pyrotechnics ever allowed by management? Yes No
8. Any other types of entertainment? Yes No
 If yes, provide details: _____

C. General Liability Information

1. Number of employed: Managers: _____ Bartenders: _____ Waiters/Waitresses: _____
2. Number of other employees serving alcoholic beverages: _____
3. Is table service provided? Yes No
4. Building's legal capacity as established by fire marshal or fire department: _____
5. Number of exits: _____ Are they all marked with 'Exit' signs? Yes No
6. Are all exits equipped with panic door hardware? Yes No
 If no, are all exits kept unlocked during business hours? Yes No

D. Cooking Hazard

1. Is any type of cooking done on premises? Yes No
 If yes, check all that apply: Microwave only Deep Fryers/Grills Other: _____
2. UL approved auto extinguishing system over all cooking surfaces and deep fryers? Yes No
 If yes, type of system: Wet Chemical (UL 300 approved) Dry Chemical
 Is there a semi-annual service contract for auto extinguishing system? Yes No
3. Is there an automatic shut off for gas or electric service? Yes No
 If no, is there a manual shut off? Yes No
4. Are hoods and ducts equipped with filters? Yes No
5. Are hoods and ducts cleaned at a minimum of every six (6) months? Yes No
6. Are filters cleaned at a minimum of every six (6) months? Yes No

E. Property Coverage Information

1. Distance from nearest: Responding fire station: _____ miles Fire hydrant: _____ feet
2. Year built: _____ # of stories: _____ Construction: Frame Other: _____
3. Total square footage of building: _____ Square footage occupied by applicant: _____
4. Any fire extinguishers? Yes No If yes, how many? _____
- a. Have fire extinguishers been serviced and tagged within past year? Yes No
- b. Are portable fire extinguishers mounted and accessible to cooking areas? Yes No
5. Year of last updates (**or N/A if none**) to: Roof: _____ Electrical: _____ Plumbing: _____ HVAC: _____
6. Is there a: Central station **fire** alarm? Yes No Central station **burglar** alarm? Yes No
 If yes, identify central station: _____
7. Sprinklers? Yes No If yes, provide % of square footage covered by sprinklers: _____
8. Type of wiring: Copper Aluminum Pigtailed
9. Type of roofing: Asphalt Composition Wood shake/shingle Other: _____

F. Liquor Liability Information

1. Name on Liquor License: _____
(Note: name must be the same as Named Insured)
2. License #: _____

3. Requested Limits of Insurance (Each Common Cause/Aggregate):

- | | | |
|--|--|--|
| <input type="checkbox"/> \$50,000/\$50,000 | <input type="checkbox"/> \$300,000/\$300,000 | <input type="checkbox"/> \$500,000/\$1,000,000 |
| <input type="checkbox"/> \$50,000/\$100,000 | <input type="checkbox"/> \$300,000/\$600,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 |
| <input type="checkbox"/> \$100,000/\$100,000 | <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 |
| <input type="checkbox"/> \$100,000/\$200,000 | | |

4. Location type: Bar or Tavern Convenience Store Pool Halls
("X" all applicable): Bowling Alley Distributor/Wholesaler Private Club
 Casino Motel/Hotel Restaurant
 Caterer/Hall Night Club Special Event
 Country Club Package or Grocery Stores Sports Bar
 Other: _____

5. Indicate location area type: Residential Resort Rural Suburban Industrial
 Downtown Commercial (Non-Industrial)

6. Predominant age of patrons: 21 – 25 26 – 35 36 – 50 51 and over

7. Does applicant allow anyone under 21 on premises? Yes No
If yes, explain: _____

8. Is there a door or cover charge? Yes No

9. Does the applicant have a doorman? Yes No
If yes, provide number on duty at one time: _____

10. Does applicant have ID checkers? Yes No
If yes, provide number on duty at one time: _____

11. "X" any of the following provided or sponsored by the applicant:
 2 for 1 Drinks Free Alcoholic Drinks Double for Single Prices Singles Night
 Ladies Night Athletic Contest or Events Late Night Happy Hour Drink Specials

12. Number of patrons on premises at any one time: Maximum: _____ Average: _____

13. Maximum number of employees (including owners and managers) on duty at any one time: _____

14. Has applicant or this establishment ever:
a. Been charged, cited or fined by ABC commissions or other governmental regulator? Yes No
b. Had its alcohol beverage license suspended or revoked? Yes No
If yes, explain: _____

15. Does applicant have a certified alcohol awareness training program for the prevention of alcohol abuse? Yes No

- If yes, complete the following:
a. Name of program: _____
b. Are all servers trained within sixty (60) days of employment? Yes No
c. Do you provide written procedures to employees regarding service to minors and intoxicated persons? Yes No
d. Do you provide free rides home to intoxicated persons? Yes No

16. Show liquor liability insurer(s) for the past five (5) years:

	Carrier Name	Policy Number	Policy Period	Limits
Year 1			to	
Year 2			to	
Year 3			to	
Year 4			to	
Year 5			to	

17. List any liquor liability claims insured or uninsured in the past five (5) years:

Date of Loss	Description of Loss	Amount Paid	Amount Reserved
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

18. Provide current General Liability carrier, policy term and limits:

Carrier Name	Policy Number	Policy Period	Limits
		to	

19. Is assault and/or battery excluded on current General Liability policy? Yes No

20. Do you have knowledge of any injury or accident which might have been caused by the serving of alcoholic beverages from your establishment which occurred after the requested effective date and prior to the completion of this application? Yes No

If yes, explain in detail including name of injured party and date of incident: _____

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

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 a crime and may be subject to fines or confinement in prison.

NOTICE TO COLORADO APPLICANTS:

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

