

PREQUALIFIERS

Risk(s) are ineligible if "Yes" to any of the following:

	Yes	No
1. Operation allows guns on the premises and/or any armed security guards (including but not limited to guns, Tasers or stun guns).	<input type="checkbox"/>	<input type="checkbox"/>
2. Operates as a nightclub, cabaret (including host/hostess bar), exotic dancing or strip club.	<input type="checkbox"/>	<input type="checkbox"/>
3. Provides hazardous entertainment (i.e. punk/rap, wrestling, stage diving, body surfing, mechanical bull, mosh pits, or pyrotechnic display(s)).	<input type="checkbox"/>	<input type="checkbox"/>
4. Operates as an Oxygen bar.	<input type="checkbox"/>	<input type="checkbox"/>
5. Hookah/Shisha bars, if over 25% of entire operation receipts.	<input type="checkbox"/>	<input type="checkbox"/>
6. If seasonal operations, when closed for the season:		
a. Plumbing, water pipes, and sprinkler system are not shut off.	<input type="checkbox"/>	<input type="checkbox"/>
b. Building not checked weekly.	<input type="checkbox"/>	<input type="checkbox"/>
7. UL approved auto extinguishing systems not used over ALL cooking surfaces and deep fryers and regularly serviced/maintained.	<input type="checkbox"/>	<input type="checkbox"/>

LIQUOR LIABILITY

If Liquor Liability coverage exposure requested, risks must meet the following:

	Yes	No
1. Less than 3 liquor losses/violations in the past 3 years under current management.	<input type="checkbox"/>	<input type="checkbox"/>
2. All alcohol-serving employees are certified in a Formal Alcohol Training Course. Provide name of course (e.g. TIPS, TAM, RAMP, BEST, etc.): _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Written and enforced policies for intoxicated customers and minors.	<input type="checkbox"/>	<input type="checkbox"/>
4. Valid and appropriate liquor license. Provide number: _____	<input type="checkbox"/>	<input type="checkbox"/>

Proposed First Named Insured & Other Named Insured(s): _____

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Type of Business:

<input type="checkbox"/> Bar/Lounge	<input type="checkbox"/> Casino	<input type="checkbox"/> Pool Hall/Billiard Parlor
<input type="checkbox"/> Banquet Facility	<input type="checkbox"/> Comedy Club	<input type="checkbox"/> Private/Country Club
<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Fraternal Club	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Hookah or Shisha Bar	
<input type="checkbox"/> Other - Describe in detail: _____		

Date Business Started: _____

2. Hours of Operation:

Monday - Thursday	Friday	Saturday	Sunday
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3. Management's years of experience: _____

4. Clientele age:

<input type="checkbox"/> 18-25 %	<input type="checkbox"/> 25-35 %
<input type="checkbox"/> Over 35 years %	<input type="checkbox"/> Over 50 years %

5. Area surrounding premises (check the most applicable):

<input type="checkbox"/> Rural	<input type="checkbox"/> Entertainment District	<input type="checkbox"/> Commercial	<input type="checkbox"/> Urban/Inner City
<input type="checkbox"/> Residential <input type="checkbox"/> Colleges - distance from campus: _____			

6. Area of Premises

Area of Premises sq. ft.	Area of Parking Lot sq. ft.	Licensed for Number of Occupants
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7. Number of Employees:

Managers	Bartenders	Wait Staff
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- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 8. Is the parking lot under the applicant's control? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is your building located or built on a wharf, pier, beach, dock, or on pilings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Any watercraft, docks, or floats owned, hired or leased? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is delivery service provided for food or liquor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you cater? If yes, indicate sales: \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does establishment rent out facility for banquets, weddings, etc.?
If yes, number of times per year: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

SUB CONTRACTED WORK N/A

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Do you require subcontractors to: | | |
| a. Sign a hold-harmless or indemnification agreement in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Carry General Liability coverage with coverage and limits equal or greater than your own? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Name you as an Additional Insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Furnish Certificates of Insurance for General Liability and Workers Compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Keep records? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Total cost of work subcontracted: \$ _____ | | |

Remarks: _____

REVENUE

Provide annual sales for food and alcoholic beverages (liquor, beer, and wine):

	Alcohol On-Sale	Alcohol Off-Sale	Food Sales	Other Sales	Total Sales
Next 12 months	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Past 12 months	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

SPECIAL EVENTS

If you have any special events that occur off of your premises, please refer to the Special Events Supplement, S62-CG.

AMUSEMENT DEVICES & SPORTS FACILITIES

Do you have any amusement devices and/or sports facilities? Yes No

(i.e. Basketball/Volleyball Courts, Baseball Field, Pool Tables, Foosball, Air Hockey, Dart Boards, etc.)

If yes, describe: _____

ENTERTAINMENT

1. Do you feature any entertainment? Yes No

a. If yes, how often? _____ per year

b. Entertainment type: Band DJ Karaoke Solo Vocalist

Stage/Floor Show or Contest - describe: _____

Other - describe: _____

c. If musical entertainment, type of music: Top 40s Country Classic Rock

Jazz Soft Rock R&B

Alternative Rap

Other - describe: _____

2. Is there a dance floor? Yes No

If yes, indicate size of dance floor: _____ sq. ft.

SECURITY/SAFETY Yes No N/A

	Yes	No
1. Is the insured/manager on duty during all open hours? If no, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you employ "bouncers", I.D. checkers, or other security personnel?	<input type="checkbox"/>	<input type="checkbox"/>
3. Number of exits: _____		
a. Are all exits marked with exit signs?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are all exits equipped with panic door hardware and/or all exists unlocked during business hours?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are all exits secured from unauthorized entry per state requirements?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there emergency lighting?	<input type="checkbox"/>	<input type="checkbox"/>

COOKING HAZARDS Yes No N/A

	Yes	No
1. Is any type of cooking, other than microwave cooking, done on premises?	<input type="checkbox"/>	<input type="checkbox"/>
2. Automatic gas or electric shut-off for cooking with manual pull?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are hoods and ducts equipped with filters that are cleaned at a minimum of every 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are portable fire extinguishers mounted and accessible to cooking areas?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there tableside cooking or open pit barbecues?	<input type="checkbox"/>	<input type="checkbox"/>

PROPERTY COVERAGE Yes No N/A

Location	1. _____
	2. _____
	3. _____

	Location 1	Location 2	Location 3
Building Limit	\$ _____	\$ _____	\$ _____
Business Personal Property Limit	\$ _____	\$ _____	\$ _____
Deductible	\$ _____	\$ _____	\$ _____
Construction Class	_____	_____	_____
Protection Class	_____	_____	_____
Year Built	_____	_____	_____
# Stories	_____	_____	_____
Burglar Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Premises Fire Protection (i.e. Sprinklers, Co2/Chemical System)	_____	_____	_____
Building Improvements (incl. Year)	<input type="checkbox"/> Wiring _____ <input type="checkbox"/> Heating _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Roofing _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Wiring _____ <input type="checkbox"/> Heating _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Roofing _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Wiring _____ <input type="checkbox"/> Heating _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Roofing _____ <input type="checkbox"/> Other _____
Smoke Detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Fire Extinguishers	_____	_____	_____
Fire extinguishers serviced and tagged within the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

LIQUOR LIABILITY **Yes** **No** **N/A**

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you allow BYOB? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you dispense or provide alcoholic beverages for off-premises events? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Indicate if any of the following drink specials are offered: | | |
| <input type="checkbox"/> All you can drink | | |
| <input type="checkbox"/> Athletic contests or events | | |
| <input type="checkbox"/> Complimentary drinks | | |
| <input type="checkbox"/> 2 for 1 drinks | | |
| <input type="checkbox"/> Drinking contests | | |
| <input type="checkbox"/> Drinks over 24 oz. | | |
| <input type="checkbox"/> Whole liquor bottle service or setup | | |
| If Other, provide details: _____ | | |
| Number of days per week: _____ | | |

HISTORY

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you or any of your companies ever filed for bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does applicant have any other business ventures for which coverage is not requested? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes explain: _____ | | |

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

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

SIGNATURES

Applicant Signature	Title	Date
Producer Signature	Date	
Producer Name and Address		