



NEW BUSINESS APPLICATION

Agency Information	
Agency Name:	Agency Code:
Producer Name:	CSR or Other Contact:

**All questions on this application must be answered in full.
Any questions that are not applicable should be answered as such.**

Applicant Information	
Full Name of Applicant (incl. DBA):	
Mailing Address:	
City:	State: Zip:
County:	
Premises Address:	
City:	State: Zip:
County:	
Website Address:	
Inspection Contact:	Phone Number:
Email Address:	
FEIN #:	Unemployment ID #:
Applicant Type:	Owner Tenant
Entity Type:	Club Corporation Individual Other – Explain: Joint Venture Limited Liability Company Trust
Type of Operation:	Banquet Hall Bowling Center Brewery, Craft Brewery, Microbrewery Caterer Convenience Store Distillery Distributor Fraternal Organization Other – Explain: Franchise Gentlemen's Club Nightclub Package Liquor Store Private Club Restaurant Tavern Winery
Number of years in business at this location:	
If less than 5 years, how many years as owner/manager of a similar type of business?	
Please describe prior experience:	

Policy Information	Issue policy	~ Quote Only
Lines to be Quoted:	BOP Liquor Liability	WC Umbrella
Inception Date:	Expiration Date:	
Current carrier:	Target Premium: \$	

Liability Section		
General Liability Limit: \$		/
Medical Payments Limit: \$		
Damage to Premises Rented to You Limit: \$		
Broadened Damage to Premises Rented to You Limit: \$		
Employee Benefits Liability Limit: \$		
Receipts: Food: \$	Liquor: \$	Other: \$
Please describe other area(s):		
Number of Employees:	Full Time:	Part Time:
Off-Premises Parking? Yes No		
If yes, please provide address:		
On-Premises Banquets? Yes No		
If yes, estimated number of occasions annually:		
Off-Premises Catering Exposure? Yes No		
If yes, percentage of total receipts: %		
If yes, please describe the exposure:		
Delivery? Yes No If yes, please complete supplemental application.		
Percentage of total sales generated by delivery: %		Average number of deliveries per week:
Any trap doors on premises? Yes No		
Any other on or off-premises exposures? Yes No		
If yes, please describe:		
Applicant is located: ~ Inside City Limits ~ Outside City Limits		
Hours of operation:		
DAY	OPEN hh:mm am/pm	CLOSED hh:mm am/pm
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

Kitchen Fire Protection			
Type of Cooking:	Full	Limited	None
UL 300 approved automatic fire extinguishing system covering all cooking surfaces?		Yes	No
Wet	Dry	Water Based	

Claims Section		
Please list all claims for each line for the past three years. Please include the date of loss, type of loss and amount paid/reserved:		
DATE OF LOSS	TYPE OF LOSS	AMOUNT PAID/RESERVED

Optional Coverage Limits	
Deductible: \$	
VIP Broadened Property Endorsement? Yes No	
Business Personal Property Off Premises: \$	
Employee Dishonesty:	Forgery:
Outdoor Signs/Awnings/Tents:	Utility Services Time Element:
Money & Securities – Inside:	Money & Securities – Outside:
Food Contamination:	Additional Advertising Expense:
Spoilage:	Flagpoles:
Fine Arts:	Fine Arts Owned by Others:
Canopies:	Transit:

Optional Coverage Limits					
Valet Parking? Yes No					
If yes, is Garagekeepers coverage needed? Yes No					
If yes, Comprehensive/Collision Limit:	\$	Collision Ded:	\$	Comp Ded:	\$

Optional Coverage Limits					
Earthquake coverage needed?	Yes	No	Deductible:	%	
Other:					

Additional Underwriting Information					
Seating Capacity:					
Outdoor Area Used for Socializing?			Square Footage of Outdoor Area:		
Seasonal Operation? Yes No					
If yes, what are the typical opening and closing dates?			Opening:		Closing:
# of Bartenders:	# of Waiters/Waitresses:	Average Length of Employment:			

Entertainment Section							
Is there any type of entertainment at this location? Yes No							
If yes, type of entertainment: Band DJ Karaoke Solo Entertainer							
Other – Please describe:							
Frequency of entertainment:							
Is there a dance floor? Yes No							
Average age of clientele (indicate approximate percentage)							
Under 21: %		21 - 25: %		26 – 30: %		31 – 40: %	
						Over 40: %	
Is there security of any type (Off-duty police, third party security or in-house employees)?						Yes No	
Are there written procedures in place for security personnel?						Yes No	
Do they carry any of the following: Mace, billy clubs, restraint devices, tasers or other?						Yes No	
How many altercations have occurred on premises in the last 12 months?							
Is there a cover charge? Yes No If yes, how much? \$							
Does the described premises have any of the following? Yes No							
If yes, please check box for each item on premises and indicate the number of items where applicable.							
ITEM		NUMBER		ITEM		NUMBER	
~ Dart boards				~ Pool tables			
~ Foosball tables				~ Shuffleboard			
~ Horseshoes				~ Video games			
~ Jukeboxes				~ Volleyball courts			
~ Poker machines							
~ Other – Describe:							

Property Information					
Square Footage					
Building Total:			Occupied Area:		
Basement:			Public Area:		
# of Apartments:			Other Area:		
Please describe Other Area:					
Building Limit: \$		Inflation Percentage: %		ACV RC FRC	
Deductible: \$					
Property Interest:		Legal Titleholder		Contractual Responsibility to Insure	
		Contractual Responsibility for Repairs			
Business Personal Property Limit: \$				ACV RC FRC	
Tenants Improvements & Betterments Limit: \$				ACV RC FRC	
Year Built:		Construction Type:		# of Stories:	

Property Information					
Updates – please indicate the year of any update(s):					
Heating:		Plumbing:		Roofing:	
				Wiring:	
Check here if none					
Sprinkler System? Yes No		If yes, percentage of sprinkler coverage: %			
Security Cameras? Yes No					

Non-Building Items	
Bulkheads, pilings, piers, wharves, or docks: \$	Outdoor fences: \$
Outdoor radio or television antennas: \$	
Other – Describe:	\$

Crime Information	
Maximum Cash With Messenger: \$	Money on Premises Overnight: \$
Frequency of Deposits:	
Please describe any other protection (Lighting, fences, watchpersons, etc.):	

Financial Information	
Is entity currently involved in or has entity ever been involved in any of the following (check all applicable) Check here if none:	
<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Business Failures
<input type="checkbox"/> Foreclosure	<input type="checkbox"/> Litigation
<input type="checkbox"/> Tax Liens	
Please explain for any boxes checked:	
Mortgagee Name:	
Check here if none:	
Mortgagee Mailing Address:	
Mortgagee City:	State: Zip:
Additional Insured Name:	
Additional Insured Mailing Address:	
Additional Insured City:	State: Zip:

Liquor Liability Section	
Does applicant serve alcohol?	Yes No If yes, this entire section must be completed.
Limit of Insurance, Each Common Cause: \$	
Does the applicant have a liquor license?	Yes No If yes, type of license:
Does applicant regularly close before time on license?	Yes No
If yes, please describe:	
What time does the kitchen close for full food service?	
Does the applicant sell package goods?	Yes No If yes, what percentage of liquor receipts? %
Are all employees required to complete an alcohol awareness training program?	Yes No
If yes, please describe:	
Does applicant have a written policy on selling/serving alcohol?	Yes No
Does applicant have a policy to call taxi or provide rides for those who are intoxicated?	Yes No
Is documentation kept on each incident?	Yes No
Has applicant ever had a liquor violation, suspended license or revoked license?	Yes No
If yes, please explain:	
Does applicant have a designated driver program in place?	Yes No
If yes, please describe:	

Liquor Liability Section	
Are minors allowed on premises?	Yes No
If yes, please describe:	
Does applicant have an age verification system?	Yes No
If yes, please describe:	
Have there been any police calls to this location?	Yes No
If yes, please describe:	
What is the regular price for a bottle of domestic beer?	
What is the regular price for a well drink?	

Workers Compensation Section	
Employer's Liability Limit: \$	
Individual(s) to be Included:	
Individual(s) to be Excluded:	
Claims Contact Person:	Phone Number:
Audit Contact Person:	Phone Number:

Workers Compensation Section			
Rating Information			
CLASS CODE	ANNUAL PAYROLL	CLASS CODE	ANNUAL PAYROLL

Umbrella Section
Limit of Insurance: \$
Employer's Liability Information:
Automobile Liability Information:

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA.)