



Commercial Application

Agent or Producer:		Agency/Sub-Producer Name:	
Effective Date: 12/1/08	Expiration Date:	Type of Risk: Bar	
Name Insured:		DBA:	
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC			
Mail Address:		City:	State: Zip:
Contact Person:		Owner/Manager Name:	
Telephone #:	Fax Number:	Yrs of Owner/Mgmt Exp:	Years at This Location:
Owner Operated or Leased: <input type="checkbox"/> Owner Operated <input type="checkbox"/> Leased		Risk Web Address:	
			E-mail Address:

Location Information

Desired Coverages? <input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Crime	# of Locations: <small>(Use Location Schedule for Add'l Locations)</small>
Loc. 1 Street Address:	
Loc. 1 City:	State: Zip: County:

Property Coverage Information

Property Extension: <input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment Floater Limit (Attach Schedule):
EDP Optional Limits: <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000	
<small>Property Extension Endorsement Includes \$15,000 EDP Coverage, which is only available if Special Form is Chosen.</small>	
Property Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	Protection Class:
Coastal Exposure: <input type="checkbox"/> >50 miles from the coast <input type="checkbox"/> <50 miles from the coast	
Wind deductible: <input type="checkbox"/> Property <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5%	
Sign Limit: \$	Sign Deductible: \$ By Location Blanket Cov: <input type="checkbox"/> Yes <input type="checkbox"/> No

Building Information

Construction Type:		Roof Type:	Square Footage:
Number of Stories:		Stories Occupied by the Insd:	Sprinkler Leakage Excluded: <input type="checkbox"/> Yes <input type="checkbox"/> No
Year Built:	Updates? <input type="checkbox"/> Yes <input type="checkbox"/> No	HVAC:	Plumbing: Electrical: Roof:
Fire Alarm System:	Is there an active fire central station alarm with valid certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the insured warrant the system is operational in return for a premium credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Burglar Alarm System:	Is there an active burglar central station alarm with valid certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the insured warrant the system is operational in return for a premium credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sprinkler System:	If building is fully sprinklered, is a sprinkler flow test available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the insured warrant the system is operational in return for a premium credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Property Underwriting Information				
Distance to Nearest Fire Dept:		Fire Hydrant:	Any Open Flame Cooking at this Location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lightning Rods on Buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe Adjoining Exposures:		
Building Limit: \$		Causes of Loss: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special		
Ordinance A: <input type="checkbox"/> Yes <input type="checkbox"/> No		Ordinance B Limit: \$	Ordinance C Limit: \$	
*Coinsurance: %		Valuation:		
BPP Limit: \$		Causes of Loss: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special		
*Coinsurance: %		Valuation:		
I&B Limit: \$		Causes of Loss: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special		
*Coinsurance: %		Valuation:		
<i>*Agreed Amount Selection requires a Signed Statement of Values upon binding coverage.</i>				
BI Limit: \$		Actual Loss Sustained: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Monthly Limitation: <input type="checkbox"/> 1/6 <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4		Coinsurance: <input type="checkbox"/> 50% <input type="checkbox"/> 70% <input type="checkbox"/> 100%		
General Liability				
Occurrence/Gen. Aggregate Limit: \$			Prod/Com. Operations Limit: \$	
Fire Damage Limit: \$		Liquor Limit: \$	Medical Pay: \$	
BI Deductible: \$		PD Ded: \$	EBL: <input type="checkbox"/> Yes <input type="checkbox"/> No	Payroll: \$
Hired & Non-Owned Coverage ¹ : <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Primary Auto Policy in Force? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<small>¹ Hired & Non-Owned Auto Coverage is NOT available if Primary Auto coverage is in force or the insured has a delivery exposure. Must answer question relating to Primary Auto or coverage will NOT be granted.</small>				
Fidelity & Crime Exposures				
Number of Locations:		Same limits for all locations? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Attach separate sheet for limits at other locations.</small>		
Fidelity Coverages:	Employee Theft Limit: \$	Forgery Limit: \$	Fidelity Deductible: \$	
Crime Coverages:	Inside - Robbery Limit: \$	Outside Premises Limit: \$	Inside-Theft Limit: \$	
Computer Fraud Limit: \$		Counterfeit Currency Limit: \$	Crime Deductible: \$	
Are Daily Bank Deposits Made? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do all entrances have deadbolts? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is a Drop Safe Used? <input type="checkbox"/> Yes <input type="checkbox"/> No
Premium and Loss Experience				
	Current Year	1st Prior Year	2nd Prior Year	3rd Prior Year
Carrier				
GL Premium				
Liquor Premium				
Property Premium				
Total Premium				
Incurred Loses				
Number of Claims				
Claim Details:				
Please provide details for all closed, pending and open claims expected to be in excess of \$5,000				

MORTGAGEE / LOSS PAYEE / ADDITIONAL INSURED INFORMATION

	Interest #1	Interest #2
Name:		
Address:		
City:		
State:		
Zip:		
Location #:		
Relationship:		

WARRANTIES AND NOTICES

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIAL 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 (IN NEW YORK) CIVIL PENALTIES.

RETAIL AGENT WARRANTY:

I HEREBY WARRANT AND CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT THIS APPLICATION WAS COMPLETED AND PERSONALLY SIGNED BY THE APPLICANT AND THAT A COMPLETED COPY HEREOF HAS BEEN GIVEN TO THE APPLICANT.

RETAIL AGENT SIGNATURE: _____

PRINT NAME: _____

DATE: _____

INSURED WARRANTY:

I HEREBY APPLY FOR A POLICY OF INSURANCE AS SET FORTH IN THE APPLICATION AND I CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY POLICY WHICH MAY BE ISSUED BY THE COMPANY WILL BE ISSUED ON THE BASIS OF AND IN RELIANCE UPON MY STATEMENTS IN THIS APPLICATION. I AGREE THAT SUCH POLICY SHALL BE NULL AND VOID IF ANY SUCH STATEMENTS ARE FALSE, MISLEADING OR INCOMPLETE.

NOTICE TO FLORIDA APPLICANTS: "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.

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW YORK APPLICANTS: "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 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000.00 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO PENNSYLVANIA APPLICANTS: "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."

INSURED SIGNATURE: _____

TITLE: _____

PRINT NAME: _____

DATE: _____

BOTH THE INSURED AND RETAIL AGENT SIGNATURE LINES MUST BE SIGNED

COMMERCIAL APPLICATION

All Coverages = A

Location Schedule

Property = P

To the right of this box, please list coverages as either All, P, G, PC, or GC to each corresponding addresses

GL = G

Location #	Street Address	City	State	Zip Code	Crime = C
1					
2					
3					
4					
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Restaurant Bar/Tavern Supplement

This supplement is also to be used for BrewPubs, Casinos and Card Rooms.

Name Insured:

DBA:

EXPOSURE AND LIMITS DATA

Stop Gap Annual Payroll (State Specific): \$

Employee Benefits Annual Payroll (Per Location): \$

Food Receipts: \$

Liquor Receipts: \$

Catering Receipts: \$

Gaming/Gambling Receipts: \$

Miscellaneous Receipts: \$

Number of Apartments on Premises:

Owned Parking Lot Square Footage:

Vacant Land (# Acres):

Number of Dwellings:

Lessor's Risk Only Exposure: (Type and Square Footage):

RISK DATA

General

Is Property Insurance Coverage Currently In Effect?

Yes No

Maximum Occupancy Limit:

Previously Cancelled or Had a Lapse in Coverage?

Yes No

Are There Bars on the Windows?

Yes No

Is Liability Insurance Coverage Currently In Effect?

Yes No

Metal Detectors on the Premises?

Yes No

Have There Been any Bankruptcies, Financial Reorganizations, or Tax Liens in the Past 3 Years?

Yes No

In the Course of Construction or Major Renovation?

Yes No

Elec. System Connected to Circuit Breakers?

Yes No

Is Property Currently:

Fully Occupied Vacant Partially Vacant Unoccupied Closed For Business

Are There Any Firearms/Weapons or Guard Dogs on Premises During or After Business Hours?

Yes No

SPECIFIC

Hours of Operation:

Is the Risk a Franchise or Chain?

Yes No

Is This a Seasonal Risk?

Yes No

If Seasonal, Number of Months Risk is Open:

Is there a Day Care or Playground on the premises?

Yes No

If Season Risk is Open < 12 Months - Describe Below the Premises Security When Closed:

COVERAGES

Does Your Current Policy Exclude A&B Coverage?

Yes No

If No, What is the Current A&B Sublimit: \$

Background Checks Run on All Employees Prior to Hiring?

Yes No

Any Past Incidents Involving Injury to a Patron?

Yes No

If Yes, Please Describe:

Number of Assault or Battery Claims the Last Three (3) Years:

Assault or Battery Details

EXPOSURES			
Is There Cooking on Premise?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do Patrons Order at:	<input type="checkbox"/> Table	<input type="checkbox"/> Counter	<input type="checkbox"/> Both
Open Flame or Deep Fat Fry Cooking on Premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is Food Served Buffet Style?
Is the Kitchen/Restaurant?:	<input type="checkbox"/> Owned	<input type="checkbox"/> *Leased	Is Food Service 100% Carryout Orders?
If Leased, the Lessee must provide the Lessor with a Certificate of Insurance.			Is Food Service 100% Carryout Orders?
Is there an Ansul System Installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	All Cooking Facilities UL-400 Approved?
			Is Delivery Provided?

SECURITY			
Does the Insured Have Any Security?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		(If No, Skip This Section)	
If yes, are they:	<input type="checkbox"/> Employees	<input type="checkbox"/> Hired	Are ID Checkers Utilized by Insured?
Are Security Personnel or Bouncers Utilized by Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Off-Duty Police Officers Used by the Insured?
If Yes, # of Off-Duty Police Officers On the Busiest Night:			If Hired, # of O/S Security and/or Bouncers on Busiest Night:
If Yes, # of ID Checkers on Busiest Night:			

LIQUOR			
Are Alcoholic Beverages Served or Sold?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		(If No, Skip This Section)	
Does the Insured Currently Have Liquor Coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is There a Certified Alcohol Server Training Program in Place?
Does the Insured Have a Current & Valid Liquor License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the Insured Keep an Alcohol Incident Log Book?
How Many Warnings, Citations and/or Violations in the Past 2 Years?			Do "Happy Hour" or Drink Specials Extend Past 9:00 p.m?
Are Ride Services Available for Intoxicated Patrons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has the Liquor License Ever Been Suspended or Cancelled?
Explain Below Warnings, Citations and/or Violations Received and Preventative Measures Taken to Prevent From Happening In Future?:			
Type of Alcohol Served:	<input type="checkbox"/> Beer/Wine	<input type="checkbox"/> Hard	<input type="checkbox"/> Both
			If Both, What percentage is Hard Alcohol? %
Is there an On-site Beer Brewing Operation? <small>(If Yes, Must Complete Brew Pub Section Below)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Under 21-Years Old Allowed in Bar Area after 10:00 p.m?
Are Patrons Allowed to Bring in their Own Alcoholic Beverages (BYOB)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ENTERTAINMENT			
Does the Insured Have Any Entertainment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		(If No, Skip This Section)	
Does Risk Have Any Live Entertainment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How Many Nights Weekly is Live Entertainment Available?
Type of Live Entertainment:	<input type="checkbox"/> Band	<input type="checkbox"/> Comedian	<input type="checkbox"/> Magician
			<input type="checkbox"/> Poet
			<input type="checkbox"/> Other:
Other Entertainment			
<input type="checkbox"/> Adult Entertainment	<input type="checkbox"/> Bikini Shows	<input type="checkbox"/> Wet T-Shirt Shows	<input type="checkbox"/> Lingerie Shows
<input type="checkbox"/> Volleyball Courts	<input type="checkbox"/> Basketball Courts	<input type="checkbox"/> Batting Cages	<input type="checkbox"/> Horseshoe Pits
			<input type="checkbox"/> Other (explain):
Is There a Stage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Is it Elevated?
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
What is the Average Age of the Patron?			
Is There a Dance Floor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Is it Elevated?
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
What is the Sq. Ft. of the Dance Floor?			
# of Nights/Week Dancing Is Available?		Cover Charge Collected?	<input type="checkbox"/> Yes
			<input type="checkbox"/> No
Average Coverage Charge Amount? \$			
If Yes, What Is the Number of Nights per Week Cover is Collected?		Type of Music Played?	

SPECIAL EVENTS

Is there any Special Events planned for the next year? Yes No (If No, Skip This Section)

If Yes, Describe the Event(s) Below:

Does the Insured Participate in any Special Events? Yes No

Details Of Special Events:

AMUSEMENT DEVICES - GAMING - GAMBLING

Any Amusement Devices, Gaming or Gambling? Yes No (If No, Skip This Section)

Number of Dart Boards:	Number of Bar Top Video Games:	Number of Card Tables:
Number of Pool Tables:	Number of Pull-Tab, Punchboard and/or Keno Games:	Number of Floor Video Games:
Number of Gaming Machines (Video Poker; Slot Machines):	Is the Gaming/Gambling Space: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	Does the Insured Have an Active Gaming or Gambling License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are Any Tournaments Conducted on the Premises (Poker, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, How Often Are They Held?	
Is There Off-Track Betting Allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, How Often Are They Held?	

BREW PUB EXPOSURES

Does the Insured Have a Brewpub Exposure? Yes No (If No, Skip This Section)

Where Is Brewing Done: <input type="checkbox"/> On Premises <input type="checkbox"/> Adjacent Premise(s) <input type="checkbox"/> Other	Is Smoking Allowed in the Brewing Area? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Any Beer Sold to Outside Vendors? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does Insured Conduct any Bottling Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Are Containers Sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can Patrons Buy Beer in their Own Containers for Consumption Off-Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		