



Restaurant/Bar/Tavern Application

<p>Named Insured: _____</p> <p>Location Address: _____</p> <p>City, State, Zip: _____</p> <p>Phone: (____) _____ - _____ Email: _____</p> <p>Area Crime Rate: <input type="checkbox"/> Low <input type="checkbox"/> Average <input type="checkbox"/> High</p> <p>Seating Capacity: Total _____ Dining Area _____ Bar/Lounge _____</p> <p>Is there a dance floor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Area (sq ft) of dance floor: _____</p>	<p style="text-align: center;">Producers Name & Address</p> <hr/> <p>Years in business at this location: _____</p> <p>Years experience in the industry: _____</p>
<p>Annual Receipts: (Please enter -0- if none)</p> <p>Food: \$ _____ Catering: \$ _____</p> <p>Alcohol: \$ _____ Admission/Cover Charge: \$ _____</p> <p>Other: _____ \$ _____</p>	<p>Financial Status (5yrs)</p> <p>Is this business profitable, and free of bankruptcies and liquidations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Hours of operation: <input type="checkbox"/> Sunday _____ to _____ <input type="checkbox"/> Monday _____ to _____ <input type="checkbox"/> Tuesday _____ to _____</p> <p><input type="checkbox"/> Wednesday _____ to _____ <input type="checkbox"/> Thursday _____ to _____ <input type="checkbox"/> Friday _____ to _____ <input type="checkbox"/> Saturday _____ to _____</p>	
<p>Entertainment:</p> <p>Is live entertainment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, number of nights per week? _____ Average size of band? _____</p> <p>Type of music played by band(s): (check all that apply)</p> <p><input type="checkbox"/> Rock <input type="checkbox"/> Metal <input type="checkbox"/> Big Band <input type="checkbox"/> Blues/Jazz <input type="checkbox"/> Pop</p> <p><input type="checkbox"/> Reggae <input type="checkbox"/> Country <input type="checkbox"/> Classical <input type="checkbox"/> Rap/Hip Hop <input type="checkbox"/> Other: _____</p> <p>Are the use of pyrotechnics/fireworks allowed on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are other types of entertainment provided? (Check all that apply):</p> <p><input type="checkbox"/> Juke Box <input type="checkbox"/> Disc Jockey <input type="checkbox"/> Piano <input type="checkbox"/> Karaoke <input type="checkbox"/> Pool Table</p> <p><input type="checkbox"/> Dart Board <input type="checkbox"/> Video Games/Pinball <input type="checkbox"/> Boxing/Wrestling <input type="checkbox"/> Female/Male Review (See Gentleman's Club Product)</p> <p>Any mechanical rides or playgrounds? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Security:</p> <p>Any employees whose job (in part or in whole) is to expel disorderly persons from the establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Security Guards? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are they <input type="checkbox"/> Employees <input type="checkbox"/> Contracted service <input type="checkbox"/> Police Are they armed <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Cooking/Protections:</p> <p>Is this building, or any occupied part, sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is it operational and currently tagged (inspected)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is any type of cooking done on premises? (If no, or Microwave only, skip questions a thru g) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Microwave Only</p> <p>a) UL approved auto extinguishing system over ALL cooking surfaces & deep fryers? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>b) Semi-annual service contract for auto extinguishing system? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>c) Automatic gas or electric shut off for cooking with manual pull? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>d) Are hoods and ducts equipped with filters? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>e) Are filters cleaned a MINIMUM of every six months? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>f) Are hoods and ducts cleaned a MINIMUM of every six months? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>g) Are portable fire extinguishers mounted and accessible to cooking area? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>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.</p>	
<p>SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE</p>	
<p>Signature of Applicant X _____ Date: _____ (Owner, Officer or Partner)</p> <p>Signature of Agent X _____ Date: _____ (Licensed Agent)</p>	
<p>VU 5-18</p>	