

Restaurants, Bars, & Taverns Supplemental Application

TO BE COMPLETED IN CONJUNCTION WITH ACORD 125, 126 AND/OR 140 APPLICATIONS.

Applicant's Name: _____

DBA: _____

Operation Type (check all that apply):

<input type="checkbox"/> Bar/Tavern	<input type="checkbox"/> BBQ	<input type="checkbox"/> Buffet-Style	<input type="checkbox"/> Deli	<input type="checkbox"/> Family-Style
<input type="checkbox"/> Fine Dining	<input type="checkbox"/> Hibachi/Tablesides Cooking	<input type="checkbox"/> Hookah	<input type="checkbox"/> Microbrewery	<input type="checkbox"/> Nightclub
<input type="checkbox"/> Sushi/Raw Bar	<input type="checkbox"/> Other:			

Years of experience managing this type of operation. _____

Hours/Days of operation. _____

Does the insured cater to or offer any of the following (check all that apply):

<input type="checkbox"/> eCigarettes or Liquids	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Vaporized Alcohol	<input type="checkbox"/> Other Trendy Substances (Explain.)
Explain Other: _____				

Account Revenue Projections and History

Year	Food	Liquor	Entertainment	Admissions	Gambling	Other
Next 12 Months						
Prior Year						
Prior Year						

Is this a franchise? If yes, provide a copy of the franchise agreement. Yes No

Does the insured utilize any subcontractors? Yes No

If yes, do they provide certificates of insurance showing equal or greater limits and name the insured as AI? Yes No

Describe all subcontracted exposures. _____

Does the insured have any water exposures (lake, pond, ocean, swimming pool, etc.)? Yes No

If the insured sells alcohol, is a separate liquor liability policy in force with equal or greater limits? Yes No

Are employees allowed to consume alcohol during their hours of employment? Yes No

If liquor sales exceed 65% of total receipts, are patrons under 21 years of age allowed in the bar areas after 10 pm? Yes No

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Does the insured have or provide any of the following (check all that apply):

- Delivery Services
- Valet Parking
- Keep or Allow Firearms on Premises
- Bouncers or Security Personnel
- Employees

Subcontractors

- Facilities Rental
- Sponsor Off-Premises Special Events
- Off-Premises Catering
- Teen/Under 21 Nights
- VIP Services

- Bottle Service
- Other: _____

- Adult Entertainment
- Drinking Games
- BYOB
- Pyrotechnics
- Dance Floor
- DJs
- Live Bands
- Country Rock Rap

- Top 40 Hip-Hop Metal EDM/Dance
- Live Performances Other Than Bands or DJs
- Explain: _____

- Foam Machines
- Mechanical Rides
- Inflatables
- Amusement Devices

- Game Machines Arcade Games Coin-Operated Games
- Other: _____

- Sport Courts or Sponsored Sports Teams
- Children's Play Area
- None

Has the insured had any of the following (check all that apply):

- Liquor citations or violations
- Health cleanliness citations or a rating below a B
- Assault and battery claims
- Fines or citations relating to illegal activities
- None

Is there an unlocked secondary means of egress on each floor? Yes No

Are there hardwired fire and heat alarms throughout the premises? Yes No

Is there a wet ansul system over all deep fat fryers and automatic extinguishing Yes No

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systems over all cooking surfaces with semi-annual cleaning contracts in place with an experienced third party?

Are all grease traps emptied and cleaned on at least a weekly basis?

Yes No

Additional Remarks

FRAUD WARNING: 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. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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 KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

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 MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of 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.

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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 OKLAHOMA APPLICANTS: WARNING-Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): 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 is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated to the best of your knowledge.

Applicant's Signature _____

Date _____

Agent's Signature _____

Date _____