



Restaurant/Bar/Nightclub Supplemental Application

Named Insured: _____

Location Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____ Proposed Effective Date: _____

Type of Ownership: Individual Corporation Partnership Other: _____

1. General Information:

Type of Risk: Restaurant Bar Nightclub Other: _____

Description of Operations: _____

Number of Years in Business: _____ Total Capacity: _____

2. Exposure Summary:

	Next 12 Months	Previous 12 Months
Liquor Sales		
Food Sales		
Other:		
Total Sales		

Hours of Operations:

Mon: _____ Tue: _____ Wed: _____ Thu: _____ Fri: _____ Sat: _____ Sun: _____

Clientele:

Local Residents Families College Students Seasonal Residents Other:

Median Age of Patrons: 18-25 25-30 30-40 40 and Over

3. Entertainment:

Is there live entertainment on premises?..... Yes No

Number of time per week: _____

If yes, describe: _____

Is there dancing?..... Yes No

Number of times per week: _____ Square footage of dance floor: _____

Does applicant have amusement devices?..... Yes No

If yes, how many? _____ Describe: _____

Number of Pool Tables: _____

Is there a cover charge?..... Yes No

Does applicant sponsor any special events (including happy hours)?..... Yes No

If yes, please provide details: _____

4. General Information:

Are facilities for use or rent for private parties, banquets, etc.?..... Yes No

If yes, number of times per year: _____ Describe: _____

Are all alcohol servers certified in a Formal Alcohol Training Course?..... Yes No

If yes, please provide name of course (ie. TIPS, TAM, RAMP, Etc.): _____

In the past five years, has the applicant been cited by the Liquor Control Commission and if yes, please give dates and full explanation: _____

Number of Bouncers and Doormen: _____

Are security guards/bouncers/doormen employees or independent contractors? _____

Are background checks done on all employees?..... Yes No

Does applicant have Worker's Compensation coverage in force? _____

Total Number of Employees: _____

5. Cooking Exposure/Life Safety:

Types of meals served: Full Meals Short Order Other: _____

Is there a fire suppression system in kitchen cooking area?..... Yes No

Smoke Alarms?..... Yes No Battery, Hardwired or Both? _____

Central Station Fire Alarms?..... Yes No Sprinklered?..... Yes No

- **IF SERVING ALCOHOL, PLEASE COMPLETE LIQUOR SUPPLEMENTAL.**
- **ATTACH FIVE YEARS CURRENTLY VALUED LOSS HISTORY.**
- **INCLUDE A COPY OF YOUR MENU.**