

BAR, TAVERN, RESTAURANT, LIQUOR LIABILITY SUPPLEMENT

(Complete in addition to an ACORD application)

Applicant's Name: _____

1. Type of business: Banquet Facility Bar/Lounge Cafeteria Night Club
 Restaurant – Family Style Restaurant – Fine Dining Restaurant – Fast Food
 Other: _____

2. Length of Ownership _____ If less than 3 years ownership, prior experience _____

3. Seating Capacity: Dining Area _____ Bar/Lounge Area _____

4. Clientele (check all that apply): Blue Collar College Students Families Rural/Country
 Singles White Collar Other _____
 Average age: 18-25 26-35 Over 35

5. Is there a cover charge? Yes No Annual receipts from cover charge: _____

6. Is there music? Yes No If Yes, how many nights per week? _____

Music Genre _____

Music is Live performance DJ Juke Box Other _____

7. Are floor shows or other live entertainment provided? Yes No

Description: _____

8. Are fireworks or pyrotechnics permitted inside the building? Yes No

Is there a dance floor? Yes No

Dance floor is Permanent Temporary Area: _____

9. Is there any form of cooking done on premises? Yes No

a. Type of cooking fuel: Electric Natural Gas Propane Wood Microwave

b. Do you have a deep fat fryer? Yes No

Is there an automatic fuel shut-off? Yes No

c. Is there a hood and duct system? Yes No

Does it have filters? Yes No

How often are the hoods and duct systems cleaned? _____

How often are the filters cleaned? _____

d. Is there an automatic extinguishing system? Yes No

Does the system cover all cooking surfaces including deep fat fryers? Yes No

Is there an active maintenance contract in place? Yes No

10. Indicate the number and types of fire extinguishers located in:

Cooking areas: Type: _____ Quantity: _____

Dining areas: Type: _____ Quantity: _____

Other areas: Type: _____ Quantity: _____

Are all extinguishers regularly serviced and currently tagged? Yes No

11. Do you have mechanical or amusement rides? Yes No

Describe: _____

12. Do you have any recreational facilities? Yes No

Describe: _____

13. Are weapons permitted on the premises? Yes No If yes, describe guidelines for employees and for patrons:

Employees: _____

Patrons: _____

14. Is staff required to have CPR &/or First Aid Training? Yes No

If yes, employer provided? Yes No

15. Are any sporting teams sponsored? Yes No

Is a written contract in place? Yes No If yes, attach a copy.

Description: _____

16. Do you serve alcoholic beverages? Yes No

a. Name on Liquor License if different from Applicant: _____

	Total Gross Sales	Sales from Alcohol:	% alcohol sales:
Anticipated:	_____	_____	_____ %
Current Year:	_____	_____	_____ %

b. Hours of operation: _____ Mon-Thurs _____ Fri _____ Sat _____ Sun

c. Is there a procedure in place to verify legal age of all customers? Yes No

Describe: _____

d. Are minors ever permitted on premises? Yes No

If yes, describe circumstances: _____

e. Is insured premise is within 3 miles of any college or university campus? Yes No

f. Do you have a happy hour, ladies nights or other customer participation events?

Type of Event: _____ Days of the week: _____ Hours: _____

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g. Are patrons ever permitted to bring in their own alcohol? Yes No

Describe circumstances: _____

h. Are patrons ever permitted to carry open containers out when exiting the facility? Yes No

Describe circumstances: _____

i. Are patrons ever permitted to order more than one drink at last call? Yes No

j. Staffing:	Number of Bartenders	Full Time _____	Part Time _____
	Number of Servers	Full Time _____	Part Time _____
	Number of Other Employees	Full Time _____	Part Time _____

l. Is formal, industry recognized and certifiable professional training (such as TIPS, TAMS, TOPS) required of all alcohol servers?

Yes No Frequency: _____

m. Are there written and enforced policies for intoxicated customers? Yes No If yes, attach a copy.

n. Has applicant ever had a liquor license suspended, revoked or refused, or paid a fine to any regulatory agency for a violation of any law concerning the sale, service or distribution of alcohol?

Yes No Details: _____

o. Has applicant had any liquor liability claims or incidents reported at any location (insured or not) in the past 5 years?

Yes No Details: _____

17. Do you use security guards, doormen or bouncers? Yes No

a. Guards/doormen/bouncers are Employees Contracted Labor

b. Do guards/doormen/ bouncers carry weapons? Yes No

c. Have all guards/doormen/bouncers been trained on alternative uses of force, regulations and laws? Yes No

d. Are contracted guards//doormen/bouncers required to:

Carry: General Liability Coverage with equal or greater limits than you? Yes No

Workers' Compensation Coverage? Yes No

Professional Liability Coverage? Yes No

e. Do you require that contracted guards/doormen/bouncers name you as an additional insured and provide a certificate of insurance? Yes No

18. Have you ever had the following:

a. Liquor liability claims? Yes No

b. Suspended or revoked liquor license? Yes No

c. Liquor violations? Yes No

d. Assault or battery incidents? Yes No

If yes, describe: _____

Comments:

Any person who knowingly and with intent to defraud any insurance company or other person files a supplemental 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 and may subject that person to criminal and civil penalties.

Applicant Signature: _____ Date: _____

Producer Signature: _____ Date: _____