

# Anchor Bay Insurance Managers, Inc.

## Restaurant / Bar / Tavern Application

August 2010

Agency Name: \_\_\_\_\_ Need Quote By: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Site: \_\_\_\_\_  
 Producer: \_\_\_\_\_ Ext: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Ext: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 If written, should we send the policy to you by snail mail or email? \_\_\_\_\_ Email address \_\_\_\_\_

Applicant's Business Name: \_\_\_\_\_  
 Applicant's Legal Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Web Site: \_\_\_\_\_ Legal Entity: \_\_\_\_\_ (I.E.: Individual, Partnership, Corporation or ???)  
 Proposed Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### General Information

Number of years this business has been in operation: \_\_\_\_\_ At this location? \_\_\_\_\_  
 Has/Have the applicant(s) ever operated this location under a different name or dba or does the applicant operate any other restaurants/bars at any other locations? \_\_\_\_\_ If so, please provide details (names, dba:, locations, etc.) on separate sheet.

Name of Partners / Stockholders	% Owned	Managing Partner?	Active in the Business?	Years Experience as Owner / as Manager
				/
				/

Number of days business is open per week \_\_\_\_\_ Hours of operation \_\_\_\_\_  
 Has the applicant been in bankruptcy in the last 3 years? \_\_\_\_\_ When and why? \_\_\_\_\_  
 Is the risk seasonal? \_\_\_\_\_ If so, describe closed season and protection: \_\_\_\_\_  
 Is the property undergoing renovation? \_\_\_\_\_ If so, for how long? \_\_\_\_\_ Estimated cost of renovation? \_\_\_\_\_  
 Is the work being completed by applicant or by a contractor? \_\_\_\_\_ If the cost of renovation exceeds \$10,000, attach details.  
 Does the applicant have a commercial auto policy? \_\_\_\_\_  
 Does the applicant or its employees ever deliver food, drink or other products to customers or to offsite catering jobs? \_\_\_\_\_

### Prior Carrier Information

Prior Carrier	Premium	Policy #	Eff. Date

Has there been a lapse in coverage? \_\_\_\_\_ If so, when and how long a lapse? \_\_\_\_\_  
 Reason for the lapse? \_\_\_\_\_

Does the current carrier include liquor liability? \_\_\_\_\_ Is current carrier willing to renew? \_\_\_\_\_

Has the applicant ever been cancelled/non-renewed for any reason other than non-payment, or the carriers termination of a class program or state? \_\_\_\_\_ If so, please provide details below:

**Loss History**

Enter all claims, losses or occurrences that may give rise to claims in the past 3 years. If none, write "none": \_\_\_\_\_

Date of Loss	Line of Coverage	Description of Loss	Paid	Reserved	Open / Closed

# of Claims / 3 Yrs \_\_\_\_\_ # of Assault & Battery Claims \_\_\_\_\_ # of Liquor Claims \_\_\_\_\_ # of Mold Claims: \_\_\_\_\_

**Property Coverage Information**

Location #:1-1 \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Subject of Insurance	Amount	Co-Ins %	Rep. Cost or ACV?	Coverage Form	Deduc.
Building or TIB (Circle one)					
Business Personal Property					
Business Income			< (i.e.: 1/6th, 1/4th or 1/3rd Mon. Limit or 100%, 90%, 80%, 70%, 60% or 50% Coins.)		

Include Extra Expense in the Business Income? \_\_\_\_\_ Should the Payroll Limitation apply to Business Income? \_\_\_\_\_

Add Broadening Endorsement? \_\_\_\_\_ Add Food Borne Illness (sublimit)? \_\_\_\_\_ Add Mechanical Breakdown? \_\_\_\_\_

Increase outside Sign Coverage limit to: \_\_\_\_\_ Increase Food Spoilage Limit to: \_\_\_\_\_

Does the applicant own the building? \_\_\_\_\_ Year originally built: \_\_\_\_\_ Year gutted to the studs & rebuilt: \_\_\_\_\_

Year Updated: \_\_\_\_\_ Wiring: \_\_\_\_\_ Roofing: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_

Construction Type: \_\_\_\_\_ (i.e.: Frame, Masonry, etc.) Protection Class: \_\_\_\_\_ # of stories: \_\_\_\_\_

Is the building built on pilings? \_\_\_\_\_ Do any customers arrive by boat? \_\_\_\_\_ If so, describe dock on separate sheet.

Total Area of the building: \_\_\_\_\_ Sq. Ft. Area Occupied by the Applicant: \_\_\_\_\_ Public Area: \_\_\_\_\_

Is roof construction wood, shake/shingle or ??? (choose one or mixed)? \_\_\_\_\_ Is the roof flat? \_\_\_\_\_

Is the building on circuit breakers? \_\_\_\_\_ Aluminum Wiring? \_\_\_\_\_ Knob & Tube Wiring? \_\_\_\_\_

Is the plumbing constructed of PVC, Copper, Iron or Lead (choose one or describe mixed)? \_\_\_\_\_

Does the applicant use a microwave, autofry, pizza oven or other self contained cooking equipment? \_\_\_\_\_

If so, is this equipment Underwriters Laboratories (UL) approved? \_\_\_\_\_

Does the applicant do any other type of cooking on premises? \_\_\_\_\_

If so, is there a UL approved auto extinguishing system over ALL cooking surfaces and deep fryers (other than self contained units described above)? \_\_\_\_\_ Type of system: Wet Chemical (UL 300 Approved) \_\_\_\_\_ or Dry Chemical \_\_\_\_\_

Does the system include an automatic gas or electric shut off, with a manual pull capacity? \_\_\_\_\_

Is there a semi-annual (or more frequent) service contract on the automatic extinguishing system? \_\_\_\_\_

Are hoods and ducts equipped with filters? \_\_\_\_\_ Are filters cleaned at least every 6 months? \_\_\_\_\_

Are hoods and ducts cleaned every 6 months or more frequently? \_\_\_\_\_ Date of last cleaning: \_\_\_\_\_

Are portable fire extinguishers mounted & accessible to cooking areas? \_\_\_\_\_

What % of this building is vacant? \_\_\_\_\_ Are there any uncorrected fire code violations? \_\_\_\_\_

Is the building on any historical register? \_\_\_\_\_ Discuss Other Occupancies & Adjoining Property Exposures / Distance: \_\_\_\_\_

**Property Coverage Information (continued)**

Is the building covered by a burglar alarm? \_\_\_\_\_ Fire alarm? \_\_\_\_\_ Central Station, Local or Pull Alarm? \_\_\_\_\_  
Does the burglar alarm system, if any, include interior motion detectors? \_\_\_\_\_  
# of fire extinguishers? \_\_\_\_\_ Date last serviced and tagged? \_\_\_\_\_  
% of the building that is sprinklered? \_\_\_\_\_ Are the sprinklers operational? \_\_\_\_\_  
Does the applicant have an in-floor safe? \_\_\_\_\_ Does the applicant make daily bank deposits? \_\_\_\_\_

**General Liability Coverage Information**

Limits of Liability: Medical Expense (any 1 person): \_\_\_\_\_  
Liquor Legal (Each Common Cause): \_\_\_\_\_  
General Aggregate: \_\_\_\_\_ Liquor Legal (Annual Aggregate): \_\_\_\_\_  
Products / Completed Ops Agg: \_\_\_\_\_ Non-owned and Hired Auto: \_\_\_\_\_  
Personal & Advertising Injury: \_\_\_\_\_ Employers Liability: \_\_\_\_\_  
Each Occurrence: \_\_\_\_\_ Employee Benefits Liability: \_\_\_\_\_  
Damage to Rented Premises: \_\_\_\_\_  
Provide separate GL and Liquor Liability Aggregates: \_\_\_\_\_ or Include Liquor Agg in GL Agg (less cost / less coverage): \_\_\_\_\_

Gross Sales by Category -- Projected for Policy Term

On premises food \_\_\_\_\_ Off Premises Catering -- Food \_\_\_\_\_  
On premises beer & wine \_\_\_\_\_ Off Premises Catering -- Liquor \_\_\_\_\_  
Other liquor (on premises) \_\_\_\_\_ Package Store Receipts: \_\_\_\_\_  
Cover / Door Charges \_\_\_\_\_ Other Receipts\* \_\_\_\_\_

Total Receipts -- Current Year _____
Total Receipts -- Last Year _____
Total Receipts -- Year Prior _____

Total Projected Receipts: \_\_\_\_\_  
\* Source of other receipts: \_\_\_\_\_  
Average price of a dinner entree? \_\_\_\_\_

Number of employees by category: Managers: \_\_\_\_\_ Bartenders: \_\_\_\_\_ ID Checkers: \_\_\_\_\_  
Wait staff: \_\_\_\_\_ Unarmed Security: \_\_\_\_\_ Armed Security: \_\_\_\_\_ Other: \_\_\_\_\_

Maximum number of bouncers or security staff, but not ID checkers, on duty at one time? \_\_\_\_\_

If bouncers are used, to what extent are they off duty police officers? \_\_\_\_\_

Size of dance floor? \_\_\_\_\_ Is it elevated? \_\_\_\_\_ Are there handrails? \_\_\_\_\_ Stairs lit and marked? \_\_\_\_\_

Does the applicant have live music? \_\_\_\_\_ ...a DJ? \_\_\_\_\_ If so, how often? \_\_\_\_\_

Type(s) of Music: \_\_\_\_\_ (Example: Pop, Rock, Country, Jazz, Easy Listening, Heavy Metal, Hip-Hop, etc.)

Does the insured have or allow mosh/moshing pit, stage diving or crowd surfing? \_\_\_\_\_ Pyrotechnics? \_\_\_\_\_

Is this a karaoke bar? \_\_\_\_\_ A biker bar? \_\_\_\_\_ Do they have adult entertainment, dancers, reviews, etc? \_\_\_\_\_

Is the parking lot under the applicants control? \_\_\_\_\_ If so, area? \_\_\_\_\_ Valet Parking? \_\_\_\_\_

The surface of the parking lot is: \_\_\_\_\_ Any mechanical bulls or other mechanical rides? \_\_\_\_\_

Number of exits: \_\_\_\_\_ Are all exits marked with exit signs? \_\_\_\_\_ ...with panic door hardware? \_\_\_\_\_

Are all exits kept unlocked during business hours? \_\_\_\_\_ Legal capacity of the building (persons): \_\_\_\_\_

Describe all events sponsored by the applicant, including mechanical animal riding, bungee jumping, frozen fowl bowling, trampoline, wrestling, boxing, racing events, volleyball, horseshoes, basketball or snow machines events. State "None" if none.  
Does applicant sponsor athletic activities, teams or events? \_\_\_\_\_

No. of video and arcade games? \_\_\_\_\_ No. of dart boards? \_\_\_\_\_ No. of pool tables? \_\_\_\_\_

**Liquor Liability Information**

Name on Liquor License: \_\_\_\_\_ Liquor License #: \_\_\_\_\_  
 Average age of clientele? \_\_\_\_\_ Do you have written policies and procedures regarding service to customers? \_\_\_\_\_  
 Do you provide free rides home to intoxicated patrons? \_\_\_\_\_ Does the applicant provide free use of a "breathalyzer"? \_\_\_\_\_  
 Does the applicant have security cameras? \_\_\_\_\_ Does the applicant allow after hours parties? \_\_\_\_\_  
 Have the insured, or any employees while working for applicant, had any liquor citations / violations in the past 3 years? \_\_\_\_\_  
 Has the applicant had this, or any other, liquor license suspended or revoked? \_\_\_\_\_ If so, please provide **complete** details

**Incidental Exposures**

Do you have any exposures not previously identified? \_\_\_\_\_ If not, then skip the remainder of this section  
 Check any incidental exposures that you may have and complete the questions related to that exposure.

Apartments # of units on premises: \_\_\_\_\_ # of units off premises: \_\_\_\_\_ Do all units have smoke detectors? \_\_\_\_\_  
 Beverage (aka: Package or Liquor) Store Receipts: Beer & Wine: \_\_\_\_\_ Liquor: \_\_\_\_\_ Other: \_\_\_\_\_  
 Buildings or Premises -- LRO Area Leased to Others \_\_\_\_\_ Sq. Ft. Industrial or manufacturing tenants? \_\_\_\_\_  
 Dwellings # of units on premises: \_\_\_\_\_ # of units off premises: \_\_\_\_\_ Do all units have smoke detectors? \_\_\_\_\_  
 Gift Shop Receipts: \_\_\_\_\_  
 Hotels, Motels & Highway Road Stops # of hotel / motel units: \_\_\_\_\_ Do all units have smoke detectors? \_\_\_\_\_  
 Receipts for the following: Room rental: \_\_\_\_\_ Laundries: \_\_\_\_\_ Showers: \_\_\_\_\_ Fuel / Gasoline: \_\_\_\_\_  
 Convenience stores / firewood (no fuel/gas): \_\_\_\_\_ Campgrounds / Trailer Parks: \_\_\_\_\_ Propane: \_\_\_\_\_  
 Offices (Off premises only). Area: \_\_\_\_\_ Sq. Ft.  Warehouses (Insured occupied only). Area: \_\_\_\_\_ Sq. Ft.  
 Other -- Describe and provide a rating basis. \_\_\_\_\_

**Additional Interests**

Name: \_\_\_\_\_ Cert Holder only? \_\_\_\_\_  
 Attn: \_\_\_\_\_ Additional Insured & Cert? \_\_\_\_\_  
 Address: \_\_\_\_\_ Loss Payee? \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Contract of Sale? \_\_\_\_\_  
 Please describe the insurable interest: \_\_\_\_\_ Mortgagee? \_\_\_\_\_

Name: \_\_\_\_\_ Cert Holder only? \_\_\_\_\_  
 Attn: \_\_\_\_\_ Additional Insured & Cert? \_\_\_\_\_  
 Address: \_\_\_\_\_ Loss Payee? \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Contract of Sale? \_\_\_\_\_  
 Please describe the insurable interest: \_\_\_\_\_ Mortgagee? \_\_\_\_\_

Target Price: \_\_\_\_\_

As a condition precedent to coverage, the applicant warrants that the above information, as well as the information contained on any additional location or other addendums, is true, complete, and free of material misstatement or misrepresentation.

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_