

Anchor Bay Insurance Managers, Inc.

Restaurant / Bar / Tavern Application

June 2009

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, dbas, 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

Loss History for the past three 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 Liability 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					
Tenants Improvements					
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.)		
Total Insured Values			Should Extra Expense be included in Business Income? _____ Should the Payroll Limitation apply to Business Income? _____		

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:
General Aggregate:
Products / Completed Ops Agg:
Personal & Advertising Injury:
Each Occurrence:
Damage to Rented Premises:
Medical Expense (any 1 person):
Liquor Legal (Each Common Cause):
Liquor Legal (Annual Aggregate):
Non-owned and Hired Auto:
Employers Liability:
Employee Benefits Liability:

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

Table with 2 columns: Receipts Category, Amount. Rows: Total Receipts -- Current Year, Total Receipts -- Last Year, Total Receipts -- Year Prior

* 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: (Choose: Dirt, Gravel, Concrete, Asphalt, None, Etc.)

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):

What type of sports facilities are on premises? (Examples: None, Volleyball, Basketball, Horseshoes, Etc.)

Describe any mechanical or live animal riding, bungee jumping, frozen fowl bowling, trampoline, wrestling, boxing, racing events, or similar customer participation events held or sponsored:

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? _____
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? _____
of shower units for rent _____ Convenience store receipts (not fuel): _____ Laundry receipts: _____
Campground receipts: _____ Fuel / Gasoline sale receipts: _____ Propane sale receipts: _____
[] 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 is true, complete, and free of material misstatement or misrepresentation.

Applicant: _____ Producer: _____
Signature: _____ Signature: _____
Date Signed: _____ Date Signed: _____