

Anchor Bay Insurance Managers, Inc.

Restaurant / Bar / Tavern Renewal Application

June 2009

Agency Name: _____ Due By: _____
 Contact: _____ Ext: _____ E-mail: _____
 Applicant's Business Name: _____
 Applicant's Legal Name: _____ Renewal Date: _____
 If written, should we send the policy to you by snail mail or email? _____ Email address: _____

General Information

Have there been any claims or potential claims situations not yet reported? _____ If "yes", please attach description.
 Have the insured, or any employees while on the job, had any liquor citations / violations in the past 15 months? _____
 Have there been any material changes in operations or conditions? _____ If "yes", please describe below:

Commercial Property Information

If there are any changes to the property limits, coverages, etc., please note them below.

Location #: 1-1	Location #: _____*
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As respects servicing of your fire protection equipment:

Location #: 1-1	Location #: _____*
Date fire extinguishers last serviced: _____	Date fire extinguishers last serviced: _____
Date hood / vent system last serviced: _____	Date hood / vent system last serviced: _____
Date automatic fire suppression system last serviced: _____	Date automatic fire suppression system last serviced: _____

Commercial General & Liquor Liability Information

Projected Gross Receipts -- Location: 1-1 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 _____	Projected Gross Receipts -- Location: _____* 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 _____
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* For additional locations, please attach another renewal application.

As a condition precedent to coverage, the applicant warrants that the above information is true, complete, and free of material misstatement or misrepresentation.

Insured Signature: _____ Date: _____