

Anchor Bay Insurance Managers, Inc.

Restaurant / Bar / Tavern Supplemental Application

August 2010

Complete **IN ADDITION TO** an ACORD or most competitor applications. Complete one per location please.

Applicant's Business Name: _____ Need Quote By: _____

If written, should we send the policy to you by snail mail or email? _____ Email address: _____

General Information

Years in business: _____ At this location? _____ Has the applicant been in bankruptcy in the last 3 years? _____

Number of years that applicant has owned or managed a restaurant, bar or tavern: _____

Number of days business is open per week _____ Hours of operation _____

Is the risk seasonal? _____ If so, describe closed season and protection: _____

Has there been a lapse in coverage in the last 3 years? _____ If so, advise when, how long and reason by attachment.

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.

of Claims / 3 Yrs _____ # of Assault & Battery Claims _____ # of Liquor Liability Claims _____

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? _____

Property Coverage Information

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

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

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

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

Is this equipment Underwriters Laboratories (UL) approved _____ Does the applicant do any other type of cooking? _____

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? _____ Is the building on any historical register? _____

Are there any uncorrected fire code violations? _____ Does the applicant allow pyrotechnics or foam machines? _____

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

Size of dance floor? _____ Sq. Ft. 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? _____

Post Office Box # 2510, Silverdale, WA. 98383 Phone: 800 / 929-9560 Fax: 800 / 929-9794

applications@surpluslines.com / Web: <http://SurplusLines.com>

General Liability Coverage Information (continued)

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? _____

Provide separate GL and Liquor Liability Aggregates _____ or Include Liquor Agg in GL Agg (less cost / less coverage): _____

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? _____

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? _____ 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

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: _____
Signature: _____
Date Signed: _____

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