

# Anchor Bay Insurance Managers, Inc.

## Restaurant / Bar / Tavern Supplemental Application

June 2009

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 or will the applicant offer drink specials such as 2 for 1's? \_\_\_\_\_

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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Signature: \_\_\_\_\_  
Date Signed: \_\_\_\_\_