

Anchor Bay Insurance Managers, Inc.

Restaurant / Bar / Tavern Renewal Application

March 2013

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

Physical location of this facility: _____
(Please attach a separate renewal application for each location.)
Have the insured, or any employees, had any liquor violations or warnings in the past 3 years? _____
Does the applicant have a commercial auto policy? _____
Does the Applicant transport customers on party buses or vans? _____
Do they own the party bus(es) or van(s) or do they hire them or both? _____
If party bus(es) or van(s) are hired, does the applicant require a Certificate of Insurance? _____
If party bus(es) or van(s) are hired, does the applicant require that they be named as an Additional Insured? _____
Is liquor sold or served on these vehicles? _____ If "yes", is the liquor sold under your liquor license? _____
Does the applicant cater to offsite locations? _____ Does the applicant deliver to customers? _____
Have there been any material changes in operations or conditions? _____ If "yes", please describe on the next page.

Commercial Property Information

As respects limits: Building _____ Tenants Improvements _____ Business Personal Property _____ Business Income _____	As respects the servicing of your fire protection equipment: Date fire extinguishers last serviced: _____ Date hood / vent system last serviced: _____ Date that the automatic fire suppression system last serviced: _____
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Year that each was last updated to code:
Wiring: _____ Roofing: _____ Plumbing: _____ Heating & Air Conditioning: _____

Commercial General & Liquor Liability Information

Gross Sales by Category -- Projected for Policy Term On premises food & non-alcoholic drink receipts: _____ On premises beer & wine receipts: _____ Other liquor (on premises) receipts: _____ Cover / Door charges or ticket sales: _____ Off premises catering -- food receipts: _____ Off premises catering -- alcohol receipts: _____ Receipts for kegs / growlers sold to go: _____	Package store receipts (alcohol): _____ Package store receipts (other): _____ Brew pub -- wholesale sales: _____ Gifts & sundries receipts: _____ Net gaming receipts: _____ Pool table receipts: _____ Video game & pinball receipts: _____ All other receipts (details in comments): _____
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Maximum number of bouncers or security staff, but not ID checkers, on duty at one time? _____
Size of dance floor? _____ sq. ft. Frequency of live or DJ music? _____ ...days per _____ (week / month)
Type(s) of Music: _____ Number of Pool Tables: _____
Other than kitchen knives, are any weapons maintained on the premises? _____ Avg. # of police calls a month? _____

Additional Interests

No change in Additional Interests or their addresses from expiring:

Please delete the following Additional Interests at renewal:

Name: _____

Name: _____

Name: _____

Name: _____

Please add or amend the following Additional Interests at renewal:

Name: _____

Cert Holder only? _____

Attn: _____

Additional Insured & Cert? _____

Address: _____

Loss Payee? _____

City: _____ State _____

Contract of Sale? _____

Please describe the insurable interest: _____

Mortgagee? _____

Name: _____

Cert Holder only? _____

Attn: _____

Additional Insured & Cert? _____

Address: _____

Loss Payee? _____

City: _____ State _____

Contract of Sale? _____

Please describe the insurable interest: _____

Mortgagee? _____

Name: _____

Cert Holder only? _____

Attn: _____

Additional Insured & Cert? _____

Address: _____

Loss Payee? _____

City: _____ State _____

Contract of Sale? _____

Please describe the insurable interest: _____

Mortgagee? _____

Additional comments, explanations, price & terms required to retain the account and other renewal instructions:

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: _____