

Limits Desired		Annual Gross Receipts		
<input type="checkbox"/>	<input type="checkbox"/>		Past 12 Months	Next 12 Months
<input type="checkbox"/>	<input type="checkbox"/>	Liquor Sales		
<input type="checkbox"/>	<input type="checkbox"/>	Food Sales		
Classification of Risk		Other		
<input type="checkbox"/> Tavern	<input type="checkbox"/> Main Street	<input type="checkbox"/> Disco	Total	
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Pizza	<input type="checkbox"/> Adult		

Loc #	Description of Exposures	Premium Bases		
		(a) Area (sq. ft.)	(b) Payroll	(c) Receipts
	P/Op(Give complete description incl. parking lot area for all locations)			

Entertainment Information	Tavern/Bar/Night Club Information
1. Is there any live entertainment on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ 2. Dance floor on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of times per week _____ Square footage of dance floor _____ 3. Does applicant have amusement devices? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____ Describe _____ 4. Is there a minimum or cover charge? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Sports on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide complete details. _____ 6. Sports sponsored off premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of times per week _____ Give Details. _____	1. Area of entire premises _____ sq. ft. 2. Premise leased? <input type="checkbox"/> Yes <input type="checkbox"/> No Premise owned? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Any parking? <input type="checkbox"/> Yes <input type="checkbox"/> No Valet parking? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it contracted out? <input type="checkbox"/> Yes <input type="checkbox"/> No Area of lot _____ sq. ft. 4. Is Liquor Liability coverage carried? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name carrier _____ Policy number _____ Limits of Liability _____ Effective from _____ to _____ 5. Are independent security guards hired? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name carrier _____ Policy Number _____ Limits of Liability _____ Effective from _____ to _____ 6. Are bouncers employed? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Are doormen, ID checkers, door hosts, etc. employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do any of these employees have the responsibility of or ability to perform security? <input type="checkbox"/> Yes <input type="checkbox"/> No Maintain order? <input type="checkbox"/> Yes <input type="checkbox"/> No Break up fights? <input type="checkbox"/> Yes <input type="checkbox"/> No Remove unruly patrons from the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Clientele Information	
1. Clientele: <input type="checkbox"/> Local Residents <input type="checkbox"/> Families <input type="checkbox"/> Retirement <input type="checkbox"/> Community <input type="checkbox"/> College Students <input type="checkbox"/> Seasonal <input type="checkbox"/> Residents 2. Median age of patrons: <input type="checkbox"/> 18-25 <input type="checkbox"/> 25-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> Over 40 3. Are premises located near a college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one? _____	

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

* ANSWER ALL QUESTIONS - IF THEY DO NOT APPLY, INDICATE 'NOT APPLICABLE'.

** SUBMIT PHOTO WITH APPLICATION.

Applicant's Signature (Must be owner, partner or officer)

Date

Name of individual to contact for inspection/audit

Phone Number

Agent's Signature

Date