

RESTAURANT GENERAL LIABILITY SUPPLEMENTAL APPLICATION

Applicant's Name:	Agency Name: Agency Location:
Mailing Address:	Agent Name:
Location Address:	Applicant's E-mail Address:
Website Address:	Applicant's Phone:
PROPOSED EFFECTIVE DATE: FROM _____ TO _____ 12:01 A.M., Standard Time at the address of the applicant	

Applicant is:	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other (Specify)
	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	

1. CLASSIFICATION OF RISK:		
<input type="checkbox"/> Banquet Hall <input type="checkbox"/> Bowling Alley <input type="checkbox"/> Caterer on premises <input type="checkbox"/> Caterer off premises <input type="checkbox"/> Country Club <input type="checkbox"/> Internet Cafe <input type="checkbox"/> Membership Club <input type="checkbox"/> Oxygen Bar	Restaurant <input type="checkbox"/> <input type="checkbox"/> Operated by concessionaire <input type="checkbox"/> With Alcohol Sales <input type="checkbox"/> With Bring Your Own Alcohol <input type="checkbox"/> With seating <input type="checkbox"/> Without seating <input type="checkbox"/> With table service <input type="checkbox"/> Without table service	<input type="checkbox"/> Social Club <input type="checkbox"/> Tavern <input type="checkbox"/> Other (Describe)

2.	APPLICANT INFORMATION	
a.	How many years has the applicant been in business? Years at this location?	
3.	PREMISES INFORMATION	
a.	Property: Square foot area of establishment? Maximum Occupancy? Waterfront? If yes, are boat docking facilities provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Parking on Premises If yes, is lot lit? <input type="checkbox"/> Yes <input type="checkbox"/> No Valet Service? Contactor <input type="checkbox"/> Yes <input type="checkbox"/> No Employees <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Type of Area? <input type="checkbox"/> Entertainment District <input type="checkbox"/> Industrial or Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Rural <input type="checkbox"/> Other: Located on or near a college campus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	CLIENTELE	
a.	Type	<input type="checkbox"/> Area Residents <input type="checkbox"/> College <input type="checkbox"/> Other <input type="checkbox"/> Area Workers. <input type="checkbox"/> Tourists
b.	Percent by age:	Under 25 % 25-30 % Over 30 %
5.	GENERAL INFORMATION	
a.	Sponsorship: Sports Special Events If yes, describe	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Types of Meals:	Short order <input type="checkbox"/> Full meals <input type="checkbox"/>
d.	ALCOHOL <ul style="list-style-type: none"> Do you have "Happy Hour" or 2-for-1 drinks? Do you subscribe to a taxi service or ride service? Are customers allowed to Bring Their Own Alcohol? In the past five years has the applicant been cited by the Liquor Control Board? If yes, describe	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Are facilities available for rent for private parties, receptions, banquets or similar affairs? Number of times per year: If yes, describe	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	RECEIPTS	

a.	Is there a cover charge? If yes, what is the amount? \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Food receipts last 12 months? Alcohol receipts last 12 months? Other receipts last 12 months? If other receipts, please describe.	\$ \$ \$

7.	SECURITY DETAILS		
a.	Security provided by Any Firearms kept or carried on the premises?	(check all that apply) <input type="checkbox"/> Bouncers <input type="checkbox"/> Doorman <input type="checkbox"/> Off Duty Police <input type="checkbox"/> Contracted Security Firms (check all that apply) <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed <input type="checkbox"/> Yes <input type="checkbox"/> No	
b.	Are there procedures for handling violent or disruptive patrons? If yes, please describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Number of Bouncers or Doormen? Are background checks run on employees? Total number of employees Does insured provide workers compensation coverage?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	TYPE OF ENTERTAINMENT ACTIVITIES:	<input type="checkbox"/> Darts <input type="checkbox"/> DJ <input type="checkbox"/> Exotic Dancing <input type="checkbox"/> Juke Box <input type="checkbox"/> Dance Floor: Size <input type="checkbox"/> Electronic Games: Type <input type="checkbox"/> Live Entertainment: How often? <input type="checkbox"/> Mechanical Devices: Type <input type="checkbox"/> Pool Table: Total Number <input type="checkbox"/> Other activities that include patron participation (wrestling, boxing, volleyball, etc.) List all that apply: <input type="checkbox"/> Special Promotions <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award pay-able from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

APPLICANT NAME:	APPLICANT TITLE:
APPLICANT'S SIGNATURE _____ (must be signed by an active owner, partner or executive officer)	DATE:
PRODUCER'S SIGNATURE: _____	DATE:

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide 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.