

Hospitality Application

Named Insured: _____ DBA: _____

Mailing Address: _____

Location Address: _____

Website Address: _____ Email Address: _____

Inspection Contact Name: _____ Inspection Contact Phone Number: _____

Insured Type: Individual Partnership Corporation Other

Proposed Policy Term: From To Seasonal? Yes Or No

Underwriting Information

Is This a New Venture? Yes or No

Is the Risk Open for Business? Yes or No

Operating Hours:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Description of Operations: Bar/Tavern Restaurant Private Club Night Club
 Convenience/Liquor Store Other (Specify) _____

Portion of the Building Occupied by the Applicant? _____ %Entire _____ %Grade Floor _____ %Other

Construction: _____ Frame _____ Masonry _____ Non-Combustible _____ Fire Resistive

Number of Stories: _____ Year Built: _____ Protection Class: _____

Burglar Alarm: _____ Local _____ Central Station Fire Alarm

Recent Updates: Fire Department: _____ Volunteer _____ Paid

Roof _____

Plumbing _____ How Long Has the Insured Been in Business at This Location? _____

Electrical _____ Freestanding Building? Yes or No

Heating _____ Central Alarm? Yes or No

What Are the Adjacent Exposures? _____

Total Area _____ Area of Restaurant _____ Area of Banquet Rooms _____

of Apts _____ Total Sales _____ Total Food Sales _____

Total Liquor Sales _____ Other Sales _____

What Is the Extent of the Cooking? _____

Devices	Device Used	Under Hood?		Auto Fuel Shut Off?		Surface Protections?	
Grills	Electric or Gas	Yes	No	Yes	No	Yes	No
Deep Fryers	Electric or Gas	Yes	No	Yes	No	Yes	No
Broilers	Electric or Gas	Yes	No	Yes	No	Yes	No
Range / Oven	Electric or Gas	Yes	No	Yes	No	Yes	No
Other	Electric or Gas	Yes	No	Yes	No	Yes	No

Is Gas Safety Shut-Off Marked? Yes or No Frequency of Filter Cleaning? _____

Are Ducts Specifically Treated With Fire Retardant Material? By Whom? _____

Yes or No Frequency of Hood Cleaning? _____

Is Cooking Equipment Protected by an Ansul System? By Whom? _____

Yes or No Last Service Date for Fire Extinguishers? _____

Is the Cooking Equipment UL300 Compliant? By Whom? _____

Yes or No # of Fire Extinguishers in Kitchen? _____

of Fire Extinguishers in Dining Room? _____

General Liability Section

General Aggregate (Other Than Products – Completed Operations) Limit \$ _____

Products – Completed Operations Aggregate Limit \$ _____

Personal and Advertising Injury Limit \$ _____

Each Occurrence Limit \$ _____

Damage to Premises Rented to You Limit \$ _____

Medical Expense Limit \$ _____

Loc #	Classification	Class Code	Exposure	Premium Basis (Receipts, Area or Units)

Is Entertainment Provided? Yes or No If Yes, Please Describe: _____

Athletic Events Sponsored? Yes or No If Yes, Please Describe: _____

Property Section

Limits Desired Cause of Loss: Basic Special

Building \$ _____ RC ACV Deductible \$ _____ Co-Ins % _____

Contents \$ _____ RC ACV Deductible \$ _____ Co-Ins % _____

Bus Income \$ _____ Co-Ins % _____

Satellite Dish \$ _____

Deductible \$ _____ Co-Ins % _____

Sign \$ _____

Deductible \$ _____ Co-Ins % _____

Other \$ _____

Deductible \$ _____ Co-Ins % _____

Crime Section

Coverage Type Desired

Coverage Limit Desired

Crime Form C: Theft, Destruction and Disappearance

\$ _____
Inside the Premises \$ _____
Outside the Premises

Deductible \$ _____

Crime Form E: Premises Burglary

\$ _____
Inside the Premises

Deductible \$ _____

Crime Form Q: Robbery of Money & Securities and Safe Burglary \$ _____ \$ _____
Inside the Premises Outside the Premises

Deductible: \$ _____

Additional Interests (Please Be Specific)

Name: _____

Additional Insured

Loss Payee

Address: _____

Lender's Loss Payee

Interest: _____

Mortgagee

Contract of Sale

Name: _____

Additional Insured

Loss Payee

Address: _____

Lender's Loss Payee

Interest: _____

Mortgagee

Contract of Sale

Liquor Liability Section

Licensee Name: _____

Entertainment: Days per Week

Days per Week

Days Per Week

DJ _____

Topless _____

Juke Box _____

Band _____

Dancing _____

Pool Tables # _____

Keno _____

Karaoke _____

Dart Boards # _____

Number of Alcohol Servers Employed _____

Number Who Are TIPS/TAMS Certified _____

Does the Applicant Hire or Utilize Bouncers? Yes No If Yes, How Many? _____

Limits of Liability:

50/50 50/100 100/100 100/300 300/300 300/600 500/500 500/1MIL 1MIL/1MIL

Individual Risk History

Has the Establishment Been Cited for a Violation of Any Liquor Laws in the Past Five (5) Years?

Yes No If Yes, Give Date & Details _____

Has Liquor Liability Coverage Ever Been Cancelled, Declined, Non-Renewed or Had a Lapse in Coverage?

Yes No If Yes, Give Date and Details _____

Does Your Current Liquor Policy Exclude Assault or Battery?

Yes No If No, What is the Current Assault or Battery Limit? _____

Does Your Current General Liability Policy Exclude Assault or Battery?

Yes No If No, What is the Current Assault or Battery Limit? _____

Prior Carrier Information (Please Give Detailed History, Including Coverage Premiums)

Policy Term	Insurance Carrier	Property Premium	Liability Premium
From: To:		\$	\$
From: To:		\$	\$
From: To:		\$	\$

Claims History (Please List All Claims or Occurrences That May Give Rise to Claims for the Prior Three Years)

Date of Occurrence	Description of Loss	Status	Paid	Reserved

Prior Liquor Liability Carrier Information (Please Give a Detailed History, Including Coverage Premiums)

Policy Term	Insurance Carrier	Limits	Premium
From: To:			\$
From: To:			\$
From: To:			\$

Liquor Liability Claims History (Please List All Claims or Occurrences That May Give Rise to Claims for the Prior Five Years)

Date of Occurrence	Description of Loss	Status	Paid	Reserved