



# United States Liability Insurance Group

## Bar and Tavern / Restaurants / Private, Social or Fraternal Club

To receive a quote for GL, please complete the General Information as well General Liability Sections.

For Package quote, complete all sections of the application.

### APPLICATION

**\* Our Liquor Liability Warranty Application (LLA) is required for a Liquor Liability quote. \***

General Information

1. If our renewal, provide the expiring policy number: \_\_\_\_\_

2. Name: \_\_\_\_\_ D/B/A: \_\_\_\_\_

3.  Sole Proprietorship     Partnership     Corporation     Other \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

5. Location Address: \_\_\_\_\_

6. Does Applicant have a website?     Yes     No    If Yes, provide: \_\_\_\_\_

7. Building Interest:     Owner     Tenant     Part occupied \_\_\_\_\_%

8. Business of Applicant:     Bar/Tavern     Restaurant     Nightclub     Adult Entertainment Club  
 Banquet Hall     Comedy Club     Retail/Take-Out/Package Store     Other, Describe \_\_\_\_\_

9. Mortgagee: \_\_\_\_\_  
Address: \_\_\_\_\_

10. Additional Insured: \_\_\_\_\_ Interest: \_\_\_\_\_  
Address: \_\_\_\_\_

11. Loss Payable: \_\_\_\_\_ Interest: \_\_\_\_\_  
Address: \_\_\_\_\_

12. Inspection Contact Name and Number: \_\_\_\_\_

13. Audit Contact Name & Number: \_\_\_\_\_

14. How long has current owner been in business at this location? \_\_\_\_\_ Years of Management experience: \_\_\_\_\_

15. Age of Building: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

16. Any prior felony conviction/arson?     Yes     No    If yes, not eligible.

17. Any prior bankruptcy within the past three years?     Yes     No    If yes, not eligible.

18. Is risk situated on a Wharf, Dock, Pilings or on any vessel?     Yes     No    If yes, not eligible.

19. Prior Carrier: Company \_\_\_\_\_ Expiring Premium \$ \_\_\_\_\_

20. Within the past 5 years, has applicant's coverage been cancelled or non-renewed?     Yes     No  
If yes, explain: \_\_\_\_\_

21. Total Sq Ft \_\_\_\_\_ Applicant Occupied Sq Ft \_\_\_\_\_ Apt. Sq Ft \_\_\_\_\_ # Units \_\_\_\_\_ LRO Sq Ft \_\_\_\_\_

22. Hours of Operation:    Mon - Thur \_\_\_\_\_    Fri \_\_\_\_\_    Sat \_\_\_\_\_    Sun \_\_\_\_\_

23. Loss History for Property and General Liability for past three years (if in business that long):     Check here if none

Date	Type/Description	Paid	Reserved	Open/Closed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

General Liability

24. Any firearms on premises? .....  Yes     No    If yes, not eligible.

25. Are maximum occupancy rules followed? .....  Yes     No    If no, not eligible.

26. Is a secondary means of egress provided for each floor having public access? .....  Yes     No    If no, not eligible.

27. Are all stairs, balconies, sidewalks, driveways and parking lots in good condition? .....  Yes     No    If no, not eligible.

28. Are there smoke detectors in all common areas? .....  Yes     No    If no, not eligible.

29. Is there a swimming pool on premise? .....  Yes     No    If yes, not eligible.

30. Is smoking the main attraction? .....  Yes     No    If yes, not eligible.

31. Does applicant have any of the following exposures: Mechanical rides, Moon bounces, Trampolines, Rock Walls, Mosh pits, Pyrotechnics or Foam machines? .....  Yes     No    If yes, not eligible.

32. Does applicant have or sponsor any "Teen or under 21 nights"? .....  Yes     No    If yes, not eligible.

33. Does the electrical system have knob & tube wiring? .....  Yes     No    If yes, not eligible.

34. If there is any other occupancy in the building, is there an automatic extinguishing system over the cooking equipment? .....  Yes     No    If no, not eligible.

35. Does applicant permit "BYOB" (Bring your own bottle) or set-ups? .....  Yes     No

36. Is risk located on or near a college campus? .....  Yes     No

37. Does applicant have Table Seating? .....  Yes     No

38. Does applicant have Table Service? .....  Yes     No

39. Does applicant have Tableside Cooking/Preparation?  Yes  No  
 If yes, describe: \_\_\_\_\_
40. Any amusement devices?  Yes  No If yes, # \_\_\_\_\_  
 What type (pool tables, darts, pinball, video, etc)? \_\_\_\_\_
41. Clientele? (Check all that apply)  Under 21  Average age 21-25  Average age 26-35  Average age over 35
42. **Entertainment/Dancing**
- a. Is there entertainment?  Yes  No If yes, how many times per week? \_\_\_\_\_  
 What type? (Check all that apply)  DJ  Jukebox/Karaoke  Disco  Rap  Outdoor Concert  
 Stage Floor Show  Adult Entertainment  Solo Vocalist  Piano/Guitar Player  Comedy Acts  
 Band/# members \_\_\_\_\_  Other/Describe: \_\_\_\_\_
- b. Is there dancing?  Yes  No
- c. If yes, size of dance floor: \_\_\_\_\_ How many times per week? \_\_\_\_\_
- d. If Country/Western Line Dancing, is sawdust applied to dance floor?  Yes  No
- e. Bouncers/Security/Doorman  Yes  No
- f. Does applicant have any Nationally Known Acts?  Yes  No If yes, Describe \_\_\_\_\_
- g. Any athletic activities, sponsored teams or special events?  Yes  No If yes, Describe \_\_\_\_\_
43. **If applicant is the building owner and there are other occupancies (Dwellings, apartments, office, etc):**
- a. Is commercial cooking area, hood and duct system protected per NFPA 96 (Fire Extinguishing system)?  Yes  No If No, not eligible.
- b. Are all locks re-keyed prior to leasing to new tenants?  Yes  No If No, not eligible.
- c. Is there a fire escape if over three stories?  Yes  No If No, not eligible.
- d. Are there smoke detectors in each unit?  Yes  No If No, not eligible.
- e. Is the electrical system connected to circuit breakers?  Yes  No
- f. Does the electrical system have aluminum wiring?  Yes  No
44. **Does applicant provide any Off-Premises Catering services?**  Yes  No If Yes, answer a through d
- a. Are Applicant's operations limited to this state?  Yes  No If No, List States \_\_\_\_\_
- b. Number of jobs handled annually: \_\_\_\_\_
- c. Maximum number of attendees at jobs: \_\_\_\_\_
- d. Types of jobs handled:  Weddings  Corporate Functions  Private Parties  Other, describe \_\_\_\_\_
45. **Total Annual Receipts (Bar/Tavern over \$3 Million and Restaurants over \$5 Million, not eligible):**
- |                                   | Prior 12 Months | Next 12 Months |
|-----------------------------------|-----------------|----------------|
| Food                              | _____           | _____          |
| Alcohol - On Premises Consumption | _____           | _____          |
| Alcohol -Take out/Retail          | _____           | _____          |
| Cover/Door Charges                | _____           | _____          |
| Off Premises Catering             | _____           | _____          |
| Other (What source?) _____        | _____           | _____          |
| Total:                            | _____           | _____          |
46. **Clubs (VFW, Elks, Social, Fraternal):**
- a. Annual Membership this year \_\_\_\_\_ Three years ago \_\_\_\_\_
- b. Annual fees for the following: Facility fees \_\_\_\_\_ Membership fees \_\_\_\_\_
- c. Estimated number of days hall rented per year: \_\_\_\_\_
- Attach a separate list of all on and off premise events. Include dates, location, description, attendance and entertainment.*
47. **Nonowned - hired auto eligibility questions (If yes to any below, this coverage is not eligible):**
- a. Is there a delivery or ride home service now or will one be implemented at any time in the future?  Yes  No
- b. Does applicant own or lease on a long term basis any automobile?  Yes  No
- c. Does applicant require its employees to use their personal automobile to conduct the applicant's business on a regular basis?  Yes  No
- d. Number of employees: \_\_\_\_\_
48. **Limits**
- |   |          |                                  |          |
|---|----------|----------------------------------|----------|
| General Aggregate                           | \$ _____ | Fire Damage (Any one fire)       | \$ _____ |
| Products and Completed Operations Aggregate | \$ _____ | Medical Expense (Any one person) | \$ _____ |
| Each Occurrence                             | \$ _____ | Personal and Advertising Injury  | \$ _____ |

- 49. Is the property seasonal?  Yes  No If yes, months closed \_\_\_\_\_
- 50. Electrical system checked by qualified electrician?  Yes  No If yes, when? \_\_\_\_\_
- 51. Heating system checked by qualified contractor?  Yes  No If yes, when? \_\_\_\_\_
- 52. Is the electrical system connected to circuit breakers?  Yes  No If No, property not eligible.
- 53. Does the electrical system have aluminum wiring?  Yes  No If Yes, property not eligible.
- 54. Is the plumbing completely PVC or Copper (No Iron or Lead)?  Yes  No If No, property not eligible.
- 55. Type of roof?  Flat  Pitched
- 56. Roof Updated, yr. \_\_\_\_\_ Electrical Updated, yr. \_\_\_\_\_ Plumbing Updated, yr. \_\_\_\_\_ Heating Updated, yr. \_\_\_\_\_
- 57. Is there evidence of water damage, broken windows, or breaks in pavements or floor?  Yes  No If yes, property not eligible.
- 58. Vacancies in building?  Yes  No If Yes, \_\_\_\_\_%
- 59. Burglar Alarm:  Local  Central Station
- 60. Fire Protection:  Sprinklers  Local Fire Alarm  Central Station Fire Alarm  Annually Service Fire Extinguisher(s)
- 61. **Cooking Supplement - If none, check here** 
  - a. Describe Cooking equipment used:  Grills  Open Flame  Oven  
 Barbeque Pit/Smoker  Charcoal grill  Smoker  Other \_\_\_\_\_  
 Deep Fat Fryers Is vegetable oil used in cooking?  Yes  No
  - b. Is the cooking area, hood and duct system protected per NFPA 96 (Fire, Extinguishing system)?  Yes  No If No, property not eligible.
  - c. Is there a cleaning contract in force with an outside firm?  Yes  No If No, property not eligible.  
Frequency of cleaning: \_\_\_\_\_ Date last serviced: \_\_\_\_\_
  - d. Type of Extinguishing system:  Wet  Dry
- 62. **Limits/Rating Information**  
(TIV Protection Class 1-8 over \$500,000 and Protection Class 9-10 over \$200,000, property not eligible):
  - a. Deductible:  \$1,000  \$2,500  \$5,000
  - b. Protection Class:  1-6  7-8  9-10
  - c. Construction: \_\_\_\_\_  Actual Cash Value  Replacement Cost
  - d. Building Limit: \$ \_\_\_\_\_ Coinsurance \_\_\_\_\_ % (80% minimum or property not eligible)
  - e. Contents Limit: \$ \_\_\_\_\_ Coinsurance \_\_\_\_\_ % (80% minimum or property not eligible)
  - f. Business Income Limit: \$ \_\_\_\_\_ Coinsurance \_\_\_\_\_ % or monthly Limitation (No coins)  1/3  1/4  1/6
  - g. Cause of Loss:  Basic  Special/excluding theft  Special (requires a central station burglar alarm)
- 63. **Optional Coverages**
  - a. Money & Securities (Special only) \$ \_\_\_\_\_ Inside \$ \_\_\_\_\_ Outside (\$500 Standard Deductible)
  - b. Burglary & Robbery (Basic only) \$ \_\_\_\_\_ Inside \$ \_\_\_\_\_ Outside (\$500 Standard Deductible)
  - c. Outdoor Signs \$ \_\_\_\_\_
  - d. Exterior Glass Linear Ft. \_\_\_\_\_
  - e. Equipment Breakdown  Yes  No (Coverage requires a maintenance contract for all refrigeration units)

**Fraud Statement:** Any person who knowingly and with the 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.

**Applicant's Warranty Statement.** I have read this application, and I declare that to the best of my knowledge and belief all of the foregoing statement are true and accurate, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. I agree that this application will be made a part of the policy; should the Company evidence the acceptance of this application by issuance of a policy.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker. \_\_\_\_\_

Address. \_\_\_\_\_

Mail Completed Application  
Through Local Agent or Broker to: