

AmWINS Access Insurance Services

Bars and Taverns/ Restaurants/ Nightclubs Supplement

COMPLETE IN ADDITION TO ACORD APPLICATIONS

All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT INFORMATION

NAME:

CLASSIFICATION OF RISK:

- | | | | | |
|--|---|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Banquet facility | <input type="checkbox"/> Cabaret Disco | <input type="checkbox"/> Country club | <input type="checkbox"/> Membership club | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Casino/Gambling | <input type="checkbox"/> Deli/Takeout | <input type="checkbox"/> Nightclub | |
| <input type="checkbox"/> Bowling center | <input type="checkbox"/> Comedy club | <input type="checkbox"/> Fine dining | <input type="checkbox"/> Pool/Billiard Hall | |
| <input type="checkbox"/> Bring your own bottle establishment | <input type="checkbox"/> Gentlemen's/Strip club | | | |
| <input type="checkbox"/> Other: _____ | | | | |

Are surrounding premises:

- | | | | | |
|--|---|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Downtown district | <input type="checkbox"/> Residential/commercial | <input type="checkbox"/> Rural | <input type="checkbox"/> Shopping center | <input type="checkbox"/> Waterfront |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Resort | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Suburban commercial | |

Clientele:

- | | | | | |
|--|-----------------------------------|---|---|---|
| <input type="checkbox"/> Local residents | <input type="checkbox"/> Families | <input type="checkbox"/> Retirement community | <input type="checkbox"/> College students | <input type="checkbox"/> Seasonal residents |
|--|-----------------------------------|---|---|---|

Percent of clientele: Ages 25 & under ____% Ages 26-30 ____% Ages 31-40 ____% Ages 41 & over ____%

- a. Are premises located near a college or university? Yes No
- b. Does the applicant have or sponsor any "Teen" or "Under 21 nights, or permit patrons under the age of 21 in a bar area after 11:00 PM? Yes No
- c. If waterfront, does applicant provide boat docking facilities for patrons? Yes No
 If **Yes**, how many docking spaces for boats? _____

Is risk located on a vessel?

Yes No

DETAILS OF OPERATION

HOURS OF OPERATION: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">WEEKEND:</td> <td style="width: 50%; text-align: center;">MIDWEEK:</td> </tr> </table>	WEEKEND:	MIDWEEK:	NUMBER OF YEARS UNDER CURRENT MANAGEMENT:			
WEEKEND:	MIDWEEK:					
SEATING CAPACITY: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">DINING AREA:</td> <td style="width: 50%; text-align: center;">LOUNGE/BAR:</td> </tr> </table>	DINING AREA:	LOUNGE/BAR:				
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NUMBER OF STAFF- <table style="width: 100%; border: none;"> <tr> <td style="width: 20%; text-align: center;">WAITPERSONS:</td> <td style="width: 20%; text-align: center;">BARTENDERS:</td> <td style="width: 20%; text-align: center;">KITCHEN:</td> <td style="width: 20%; text-align: center;">DOORMEN:</td> <td style="width: 20%; text-align: center;">BOUNCERS:</td> </tr> </table>	WAITPERSONS:	BARTENDERS:	KITCHEN:	DOORMEN:	BOUNCERS:	
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AVERAGE MEAL PRICE: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">LUNCH: \$</td> <td style="width: 50%; text-align: center;">DINNER: \$</td> </tr> </table>	LUNCH: \$	DINNER: \$				
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ANNUAL GROSS SALES:

	PAST TWELVE (12) MONTHS	NEXT TWELVE (12) MONTHS
LIQUOR SALES		
FOOD SALES		
GAMBLING		
CATERING		
OTHER		

GENERAL INFORMATION

1. Does applicant have a parking area? Yes No
 If **Yes**, is parking area well lit? Yes No
2. Is valet parking provided on premises? Yes No
 If **Yes**, is parking done by insured's employees? Yes No
 If **Yes**, where is Garage Liability Coverage insured? _____
 If **No**, advise by whom: _____
3. Are facilities available for use or rent for private parties, receptions, or similar affairs? Yes No
 If **Yes**: Number of times per year: _____
 Describe: _____
4. Are any animals, including dogs, allowed on the premises? Yes No
 If **Yes**, please explain: _____
5. Is the applicant's premises located in a jurisdiction which permits civil cases to be heard in a Tribal court? Yes No
6. Does applicant have Workers' Compensation coverage in force? Yes No
7. Does applicant have other business ventures for which coverage is not requested? Yes No
 If **Yes**, explain and advise where insured: _____
8. Do you serve any raw shellfish (including oysters) at this location? Yes No
9. Does the applicant import any food products? Yes No
 If **Yes**, what percentage of total _____% and please describe items: _____
10. Does the applicant package, repackage, or label any items for sale? Yes No
 If **Yes**, please describe: _____
11. Have there been any health code violations in the past 3 years? Yes No
 If **Yes**, please explain: _____
12. Is the property seasonal? Yes No
 If **Yes**, months closed: _____

PROPERTY INFORMATION

13. Are there any apartments or other type of occupancies in the building? Yes No
14. Is the plumbing completely PVC or Copper? Yes No
15. Does the applicant have generators in place to protect stock in the event of a power outage? Yes No
16. Is smoking permitted on the premises? Yes No
 If **Yes**, is it confined to designated areas? Yes No
 a. Hookah exposure (Communal smoking)? Yes No
 b. Are ashtrays emptied into self-closing fire resistant receptacles? Yes No
17. Maintenance of building is: Good Average Poor
18. Housekeeping is: Good Average Poor

COOKING EXPOSURES- If no cooking, check here:

19. Cooking equipment used (Mark all that apply and list number used in facility):
 Oven # _____ Commercial Ranges # _____ Deep fat fryers # _____ BBQ Pit # _____
 Grills # _____ Tableside cooking # _____ Microwave Other: _____
Type or Brand: _____ Distance from building: _____ ft.
20. Are customers allowed to cook their own food? Yes No
21. Is vegetable oil used in cooking? Yes No
22. Grease chute for grill? Yes No
If **No**, how is grease discarded? _____
23. Are there thermostats on deep fryers? Yes No
24. Are the ducts and hoods cleaned regularly by an outside contractor? Yes No
If **Yes**, provide the frequency of service: _____
25. Are ducts and hoods equipped with filters? Yes No
If **Yes**, how often are they cleaned? _____
26. Is the exhaust fan located outside the duct? Yes No
If **Yes**, is it installed with safe clearance? Yes No
Are the light bulbs in the hood covered? Yes No
27. Do automatic extinguishing systems protect all hoods, ducts and deep fat fryers? Yes No
If **Yes**, what type of system is in place? Wet Wet & UL300 Compliant Dry
28. Are deep fat fryers located more than 16" from an open flame? Yes No
29. Are automatic extinguishing systems inspected on a regular basis? Yes No
If **Yes**, how often: _____
30. Automatic gas or electric shut off for cooking with manual pull? Yes No
31. Are manually operated fire extinguishers located near flammable areas? Yes No
How many? _____
If **Yes**, are they tagged and inspected annually? Yes No
32. Are there functioning smoke or heat detectors used in all public areas? Yes No

SAFETY & SECURITY

33. Is there more than one means of egress from the premises? Yes No
34. Are the means of egress clearly marked and kept unlocked during business hours? Yes No
35. Are employees trained for evacuation? Yes No
36. Emergency lighting in all common areas (including stairwells)? Yes No
37. Are police records and background checks conducted on employees? Yes No
38. Security/crowd management control: (Check all that apply)
 Security is armed
 One person per shift at each insured location has principal responsibility for security
 Only the staff members specifically hired for security duties are involved in such
 All staff members have security control duties
 All or a portion of your security tasks are subcontracted. If so:
• What parts of security operations are subcontracted? _____
• What hours/days per week are subcontractors used? _____
• Do you require subcontractors to provide you with evidence of insurance naming you as additional insured, with advanced notice of cancellation? Yes No
• If **Yes**, would you provide copy such when requested? Yes No
• Does applicant engage off duty officers for work in or about the premises? Yes No
39. What hiring criteria do you use for security staff? _____
40. Video security? Yes No
41. Does applicant have a written Sexual Harassment policy? Yes No

42. Have there ever been any Assault & Battery incidents reported in the past three years at this location(s) to be insured? This would include any police calls to the premises. Yes No
 If **Yes**, please advise the location address; month/year the incident occurred; and the nature of the incident and injuries: _____

ENTERTAINMENT

43. Is there any live entertainment on premises? Yes No
 If **Yes**: Number of time per week: _____
 Type of Music: Country Rock Hip Hop Rap Jazz Classical Other: _____

44. Is there dancing? Yes No
 If **Yes**: Number of times per week: _____
 Square footage of dance floor: _____
 How often is the floor inspected for slip and fall hazards? _____
 Is the floor raised? Yes No

45. Does applicant have any mechanical or amusement devices? Yes No
 If **Yes**: How many? _____
 Describe: _____

46. Does applicant have any of the following exposures:
 a) Alcohol without liquid (AWOL) Yes No
 b) Firearms Yes No
 c) Oxygen Bar Yes No
 d) Ultimate fighting or "Rage in the cage" contests Yes No
 e) Moon bounces, Trampolines, or Rock walls Yes No
 f) Swimming pools Yes No
 g) Pyrotechnics, Foam machines or GERBS (A professional term for a fountain-style effect that produces a spray of bright sparks) Yes No

47. Is there a cover charge? Yes No

48. Are there sports on the premises? Yes No
 If **Yes**: Provide complete details: _____

49. Are sports sponsored off premises? Yes No
 If **Yes**: Number of times per week: _____
 Give details: _____

50. Does applicant sponsor any special events? Yes No
 If **Yes**: Describe: _____

51. Is there any gambling? Yes No
 If **Yes**: Are there any "live" dealers? Yes No
 Number of gambling machines? _____

52. Is there a play area for children? Yes No
 If **Yes**, please describe: _____

53. Additional Insured Information

NAME	ADDRESS	INTEREST

APPLICANT'S WARRANTY STATEMENT

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

FRAUD STATEMENT

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 may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant _____ Title: _____ Date: _____

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant ; and that the undersigned is retaining a duplicate signed copy hereof.

Signature of Retail Agent _____ Date: _____