



RESTAURANT, BAR & TAVERN SUPPLEMENTAL APPLICATION

First Named Insured _____

- 1. Type of business *Restaurant Night Club Banquet Facility
- Bar/Lounge Cafeteria Other

2. Seating capacity: Dining Area _____ Bar/Lounge Area _____

- 3. Do you have dancing? Yes No
- If yes, dance floor area: _____
- Type of music played: _____
- Are floor shows or other live entertainment provided? Yes No
- If yes, describe _____

- 4. Do you serve alcoholic beverages? Yes No
- If yes, percent of total sales for alcohol: _____%
- Do you have a happy hour? Yes No
- Are there written and enforced policies for intoxicated customers? Yes No

- 5. Do you employ or use security guards or bouncers? Yes No
- If yes; Are they: Employees Contracted Labor
- Do they carry weapons? Yes No
- Have they been trained on alternative uses of force, regulations and laws? Yes No
- If contracted labor, do you require them to carry:
- General Liability Coverage
- Worker Compensations Coverage
- Do you require certificates of insurance? Yes No
- Limits of liability required _____

- 6. Type of clientele: Blue Collar Rural/Country Middle-age
- White Collar Singles College Students Families

7. Average age of clientele: 18 – 25 26 – 35 Over 35

- 8. Have you ever had the following:
- Liquor liability claims Yes No
- Liquor violations Yes No
- Suspended/revoked liquor license Yes No
- Assault or battery incidents Yes No

9. Do you have mechanical or amusement rides? Yes No

 If yes, describe _____

10. Do you have any recreational facilities? Yes No

 If yes, describe _____



I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in you operation must be reported to your agent.

_____ Signature of Applicant	_____ Title	_____ Date
_____ Signature of Producing Agent		_____ Date
_____ Agent Name	_____ Agent Address	