

**Bars/Restaurants/Taverns General Liability Supplemental  
(Not a free standing application. Must be accompanied by Acord 125 & 126)**

Applicant Name: \_\_\_\_\_

\_\_\_ Individual \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Joint Venture \_\_\_ Other \_\_\_\_\_

How long in business under current name? \_\_\_\_\_

How long under current ownership/management? \_\_\_\_\_

- A. Applicant is:  Tavern  Restaurant  Disco/Night Club  Banquet Facility  
 Bowling Center  Country Club  Caterer Off Premises  Caterer On Premises  
 Other, Describe (i.e. family restaurant/bar/tavern/exotic entertainment): \_\_\_\_\_

**B. SALES:**

	Estimated Next 12 Months	Past 12 Months	Previous 12 Months
Liquor Sales			
Food Sales			
Other (Cover Charge, Amusement Devices)			
TOTAL			

**C. Surrounding Location Site:**

- Downtown District  Industrial  Waterfront  Seasonal  Suburban Commercial  
 Residential/Commercial  Shopping Center  Resort  Rural

If a waterfront location, does applicant provide boat docking facilities for patrons?  Yes  No

If yes, for how many boats? \_\_\_\_\_

**D. CLIENTELE:**

- Local Residents  Families  Retirement Community Area  College Students  Seasonal

Is establishment located near college or university?  Yes  No

Median Age:  18-25  25-30  30-40  40 & Over

**E. ENTERTAINMENT:**

Is there live entertainment on site?  Yes  No If yes, number of times per week? \_\_\_\_\_

Describe (any exotic performances male or female? ie disco/exotic/go-go dancers/topless): \_\_\_\_\_

Is there a dance floor?  Yes  No \_\_\_\_\_ square feet Number of times per week: \_\_\_\_\_

Any amusement devices?  Yes  No If yes, how many? \_\_\_\_\_ Please describe: (pool tables, video games, other)

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Is there a minimum or cover charge?  Yes  No

Any sports on premises?  Yes  No If yes, provide complete details (the sport, number of participants, number of times per week/month/year) \_\_\_\_\_

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Any sports team sponsored?  Yes  No Any sports sponsored off premises?  Yes  No

If yes, describe: \_\_\_\_\_

Number of Times Per Week: \_\_\_\_\_ Per Month: \_\_\_\_\_ Per Year: \_\_\_\_\_

F. GENERAL INFORMATION:

Facilities available for use or rent by private parties (receptions, banquets, or similar occasions)  Yes  No

If yes, how many times per year: \_\_\_\_\_ Rental Receipts: \_\_\_\_\_

Details: \_\_\_\_\_

Any "Happy Hour" or other events where drinks are sold at lower prices than usual & customary?  Yes  No

Do you subscribe to a driver program providing transportation home apparently intoxicated person?  Yes  No

Details: \_\_\_\_\_

Hours of operations: From \_\_\_\_\_ to \_\_\_\_\_

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Food Service: Snacks?  Yes  No Full meals?  Yes  No Short order?  Yes  No

Parking area?  Yes  No Is lot well-lit?  Yes  No Any security or guard services?  Yes  No

Any violations in past five (5) years cited by Liquor Control Commission?  Yes  No If yes, please provide details and full explanation: \_\_\_\_\_

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Number of Servers: \_\_\_\_\_ Bouncers: \_\_\_\_\_ Bartenders: \_\_\_\_\_ Total: \_\_\_\_\_

Are security guards/bouncers/doormen employees or independent contractors? \_\_\_\_\_

If Independent Contractors, do you obtain certificates of insurance for their General Liability and are you named as additional insured?  Yes  No

Do you obtain certificate of insurance for workmen's compensation?  Yes  No

Do you have valid, active workmen's compensation coverage?  Yes  No

Do you lease any employees?  Yes  No

Do all complete an alcohol awareness training (TIPS or similar) pre-hire & annually thereafter?  Yes  No

Are police or criminal background checks obtained on employees?  Yes  No

Do you carry workmen's compensation insurance?  Yes  No

Do you lease employees?  Yes  No If leasing, are you named as Alternate Employer by the leasing company's workmen's compensation insurer?  Yes  No

G. During the past three years has any company cancelled, declined or refused similar insurance for which coverage is being applied? (Question does not apply to Missouri businesses)  Yes  No If yes, please explain: \_\_\_\_\_

H. GENERAL HOUSEKEEPING:

Is there burglar alarm monitored by 3<sup>rd</sup> party?  Yes  No If yes, who is monitoring company? \_\_\_\_\_  
 Certificate Number \_\_\_\_\_

Maintenance of Building:  Good  Average  Poor

Housekeeping:  Good  Average  Poor

Type of automatic fire extinguisher? (wet or dry?): \_\_\_\_\_

Is it UL-300 Compliant?  Yes  No Does it protect entire cooking area, including deep fat fryers?  Yes  No

Is there a cleaning/maintenance contract in place with third party?  Yes  No

Is system on regular cleaning schedule at least semi-annually?  Yes  No

Is there an automatic fuels shut-of valve?  Yes  No

In building sprinklered?  Yes  No With central station alarm?  Yes  No

Is there burglar alarm?  Yes  No Extent - entire with ingress contact point and motion detectors?)  Yes  No

Monitoring company: \_\_\_\_\_

Is any portion of premises occupied as habitational?  Yes  No If yes, number of units: \_\_\_\_\_

Does insured have a "smoker" for food preparation?  Yes  No If yes, please describe and advise location and distance from building: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_

Please complete this information: If NO PRIOR LOSSES, please check here:

Policy Term	Gross Receipts	Total Payroll	Premium	Losses
Projection-Next Policy Yr				
Current Policy Year				
1 <sup>st</sup> Prior Policy				
2 <sup>nd</sup> Prior Policy				
3 <sup>rd</sup> Prior Policy				
4 <sup>th</sup> Prior Policy				

This application is used for the development of premium exposures and rates. Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance or statement of claim containing materially false information, or who conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subject to criminal and/or civil penalties.

I/We agree to submit records for audit by the Company upon termination or expiration of this policy for the determination of actual exposures during the coverage period.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Agent's Signature

\_\_\_\_\_  
 Date