

## General Information

Date of survey: \_\_\_\_\_ Insurance Renewal Date: \_\_\_\_\_ Date proposal is needed: \_\_\_\_\_

Legal Name of Business: \_\_\_\_\_  
(please include all businesses that are to be included as insureds)

FEIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

Location Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Owner/President: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

GM Contact: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Insurance Agent Information

Agent's Name: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Agency telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is the account Sub-Brokered?  Yes  No

If yes, please indicate Agency name: \_\_\_\_\_

## Business Information

Description of business:  Sole Proprietorship  Partnership  Corporation  Other \_\_\_\_\_

Years in business \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Number of Executives/Officers/Owners: \_\_\_\_\_

Is your business a subsidiary or division of another company?  Yes  No

If yes, please provide the name of the company, the address and relationship: \_\_\_\_\_

Has your business had any changes in ownership over the past 3 years?  Yes  No

If yes, please provide details: \_\_\_\_\_

Do you own all or part of any business or entity not to be insured under this policy?  Yes  No

If yes, please provide name and type of operations: \_\_\_\_\_

**Business Information (cont'd)**

Has any insurance carrier cancelled, declined or refused to renew any insurance within the past 3 years? (Not applicable in Missouri)

Yes  No

If yes, please provide dates, coverage and explanation: \_\_\_\_\_

**Business Operations/Exposure Information**

Please check all that apply to your business:

Night Club  Lounge  Bar/Tavern  Restaurant  Other \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_ Number of Days per Week: \_\_\_\_\_

Maximum Occupancy: \_\_\_\_\_ Average Occupancy: \_\_\_\_\_

Liquor Licensee Name / Number / State: \_\_\_\_\_

Have you had any license violations in the last year?  Yes  No

If yes, please provide explanation: \_\_\_\_\_

Please detail any changes in operations: \_\_\_\_\_

**Entertainment**

Do you have or plan to have, during the policy period, any of the following entertainment or amusements on premises?

Yes  No

If yes, please complete the following:

Entertainment Type	Frequency	Entertainment Type	Number
Comedy Acts	_____ times per <input type="checkbox"/> week <input type="checkbox"/> month	Video Games	_____
Tough Man Events	_____ times per <input type="checkbox"/> week <input type="checkbox"/> month	Pool Tables	_____
Live Concerts	_____ times per <input type="checkbox"/> week <input type="checkbox"/> month	Dart Boards	_____
Type of music: _____		Other: _____	_____

Do you have or plan to have, during the policy period, any of the following on premises?

Yes  No

Mechanical Bull  Inflatable  Trampoline  Climbing Wall  Dunk Tank

Do you have or plan to have, during the policy period, any stunt activity on premises?

Yes  No

If yes, please provide explanation: \_\_\_\_\_

**Security**

Are firearms or other weapons permitted or kept on premises?

Yes  No

Have there been any changes to Security?

Yes  No

If yes, do you hire:  Security  Bouncers  Doormen

If yes, are they  Employees  Contractors  Both (provide % of split) \_\_\_\_\_

How Many Total? \_\_\_\_\_ Minimum on premises at any one time? \_\_\_\_\_ Maximum on premises at any one time? \_\_\_\_\_

Are background checks completed on all security personnel?

Yes  No

If yes, are copies of background checks kept on file by you?

Yes  No

Are security personnel required to be licensed?

Yes  No

If yes, are copies of licenses kept on file by you?

Yes  No

## Security (continued)

If contractors:

Do you have a written agreement with each contractor?

Yes  No

Are certificates of insurance obtained?

Yes  No

Are you named an Additional Insured on the contractor's policy?

Yes  No

## Receipts

Source of Receipts	Estimated Receipts Next 12 Months	Receipts Previous 12 Months
Food	\$	\$
Liquor	\$	\$
Cover Charges	\$	\$
Ticket Sales	\$	\$
Dancers / Performers Fees (paid to you)	\$	\$
Gambling Machines (slot, poker, etc.)	\$	\$
Other (explain):	\$	\$
Total Receipts	\$	\$

## Liquor Liability

Do you permit or sponsor alcohol consumption games such as beer pong or flip cup?

Yes  No

If yes, please provide explanation: \_\_\_\_\_

Do you sell whole bottles of liquor (whiskey, gin, etc.) to tables (bottle service)?

Yes  No

If yes, is bottle service provided in a separate and supervised section of the premises?

Yes  No

If yes, are partially consumed bottles allowed to be removed from the separate section?

Yes  No

If yes, is there an age restriction for entrance to the separate section?

Yes  No

Please describe mixers provided to tables: \_\_\_\_\_

Do you sell whole bottles of wine to tables?

Yes  No

**Do you allow customers to bring their own alcohol aka "BYOB" on your premises?**

Yes  No

Are persons under 21 years of age allowed on premises?

Yes  No

If yes, please provide explanation: \_\_\_\_\_

Have you had any Liquor Liability claims (whether covered by insurance or not) in the last year?

Yes  No

If yes, please provide explanation: \_\_\_\_\_

## Real and Personal Property

Have there been any changes to Property?  Yes  No

If yes, please provide explanation: \_\_\_\_\_

Loc. No.:		Address:				
Building Limit: \$		Personal Prop. Limit: \$		Business Inc. Limit: \$:		
Construction Type: <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-combustible <input type="checkbox"/> Type 4-Masonry non-combustible <input type="checkbox"/> Type 5-Modified fire resistive <input type="checkbox"/> Type 6-Fire resistive		Building Protection: (Check all that apply) <input type="checkbox"/> Local Alarm <input type="checkbox"/> Central Station Alarm <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Sprinklers (____%) <input type="checkbox"/> Heat Detection			Occupancy Type: _____ _____	
Own/Lease: <input type="checkbox"/> Own <input type="checkbox"/> Lease	Building Info: Number of Stories: _____ Building Sq. Ft.: _____ Sq. Ft. You Occupy: _____ Year Built: _____	Year: _____ Updated/Inspected Roof: _____ / _____ Plumbing: _____ / _____ Wiring: _____ / _____ HVAC: _____ / _____	Additional Occupancies _____ _____ _____			
Please describe building glass (if any) to be covered per lease agreement:					Limit: \$	

  

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Please describe building glass (if any) to be covered per lease agreement:					Limit: \$	

## Cooking Facilities

Describe any changes to cooking done on premises: \_\_\_\_\_

## Prior Loss Information

\*3 years of currently valued, hard copy loss runs (including loss details and descriptions) for all lines requested are a renewal requirement.  
 A quotation will not be offered if loss runs are not provided.

## **APPLICATION SIGNATURES & STATE FRAUD STATEMENTS**

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NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ALASKA APPLICANTS: A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

NOTICE TO ARIZONA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: 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 is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE TO DELAWARE APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO IDAHO APPLICANTS: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

## **APPLICATION SIGNATURES & STATE FRAUD STATEMENTS**

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**NOTICE TO NEW HAMPSHIRE APPLICANTS:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** 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 is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with 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 and subjects such person to criminal and civil penalties.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO TEXAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO UTAH APPLICANTS:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**NOTICE TO WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and title (please print): \_\_\_\_\_

Insurance Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_