Restaurant / Tavern Application

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

Ap	plicant's Name			Agen	t				
Ap	Applicant Mailing Address				Applicant's Phone Number				
				Web	Address				
_				Inspe	ection Contact				
Proposed Policy Period to					Phone Number for Inspection Contact				
Ар	plicant is 🗌 Individual 📗 Pa	rtnership	☐ Corpo	oration Join	nt Venture				
Lo	cation #1								
Lo	cation #2								
Lo	cation #3								
GE	NERAL INFORMATION								
1.	Number of years in business? At this location?								
	If new, describe prior experier	nce:							
2.	Gross Sales:	Total	\$		Catering				
		Food	\$		Delivery (fast	food)			
		Liquor	\$		Street Fairs _				
3.	Total Number of Employees				Full Time	Paı	rt Time		
		Servers	;		Full Time	Pai	rt Time		
		Barteno	ders		Full Time		rt Time		
4.	Operating hours				Days				
5.	Premises: Owned Leas	sed T	otal Square	e Footage occu	pied by applicant				
CC	OKING CONTROLS								
1.	Ansul System?						🗌 Yes 🔲 No		
2.	Number of Cooking Facilities	?F	Ranges	Ovens	Deep Fat Fryers	Broilers _	Grills		
3.	Service Agreement in place?						🗌 Yes 🔲 No		
4.	Cooking performed under hoo	ods?					Yes 🗌 No		
	Service Agreement in place for			Yes 🗌 No					
	Describe Service Schedule								

S316 (01/13) Page 1 of 7

AC	TIVITIES AND ENTERTAI	NMENT						
1.	•	ded?						
	If yes, describe.							
2.	List the number for each:	Pool Tables		_ Dart Board	ls			
		Video Games		Other				
3.	Is there a dance floor?				Yes No			
	If yes, provide dimension	s and type of dancing						
4.	Do any of the following ex	xposures exist? If yes, decline			Yes No			
	 Alcohol without 	Liquid (AWOL)						
	 Firearms 							
	 Hookah Bar 							
	 Oxygen Bar 							
	 Pool 							
	 Ultimate fighting 	or "Rage in the cage" contests						
5.	Are bouncers employed?				Yes No			
6.	Are employees trained fo	r evacuation?			Yes No			
	Number of means of egre	ess?	Street Level?					
7.	Night Clubs or related ris	21-25	26-30	30-40 over 40				
	Any pyrotechnics of any t	ype?			Yes No			
	Pyrotechnics with enterta	iners?			Yes No			
	GERBS (A professional to	erm for a fountain-style effect tha	at produces a spray	of bright sparks	s.)? Yes No			
~	MMEDCIAL DDODEDTY							
	OMMERCIAL PROPERTY	rmation for each insured location	n Attach senarate	cheat if naces	cany)			
					·			
BU	IILDING INFORMATION	Loc. 1	Loc. 2		Loc. 3			
Со	NSTRUCTION:							
YΕ	AR BUILT:							
# o	F STORIES:							
То	TAL SQ. FOOTAGE:							
PR	OTECTION CLASS:							
		☐ Central Station	☐ Central St	ation	☐ Central Station			
ALARM		☐ Local	☐ Local		☐ Local			
		□ None	☐ None		None			
		Roof	Roof		Roof			
YΕ	AR OF LATEST UPDATE	Plumbing	Plumbing		Plumbing			
		Mirina	\\/irina	l l	\\/irina			

S316 (01/13) Page 2 of 7

COVERAG	GE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATI	ION	Loc 1		Loc 2	Loc 3
BUILDING		%	\$					\$_		\$
BPP BUSINESS INCOME		%	\$	□ Basic	☐ A.C.V. ☐ R.C. ☐ Market Value (Submit)		<u> </u>	\$_		\$
		or Monthly Limit	\$	☐ Broad ☐ Special			<u>; </u>	\$_		\$
Signs (Desc	CRIBE) _					\$	<u> </u>	\$_		\$
TOTAL LIMITS	S					\$		\$_		\$
Rіднт _oc. 1			LEFT		·	FRONT		REAR		
DJACENT I										
_oc. 1										
Loc. 2										
Loc. 3										
<u> </u>	ING IN		Address of C	COMPANY			% PA	RTICIF	PATION	LIMITS
<u> l </u>	ING IN		Address of C	COMPANY			% Pa	RTICIF	PATION	LIMITS
<u> </u>	ING IN		Address of C	COMPANY			% Pa - -	RTICIF	PATION	LIMITS
ONTRIBUT	ING IN		Address of C	COMPANY			% PA	RTICIF	PATION	LIMITS
<u> l </u>	ING IN		Address of C	COMPANY			% PA	RTICIF	PATION	LIMITS
<u> </u>	ING IN		Address of C	COMPANY			% PA	RTICIF	PATION	LIMITS
ONTRIBUT		NAME &					% PA	RTICIF	PATION	LIMITS
ONTRIBUT	NERAL	NAME &	ER OCCURR	ENCE)	PLETED OPER	RATIONS	 			
ONTRIBUT	NERAL	NAME &	ER OCCURR	ENCE)	PLETED OPER	RATIONS	- - - - - - -		PATION	

S316 (01/13) Page 3 of 7

EACH OCCURRENCE

MEDICAL EXPENSE (ANY ONE PERSON)

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES)

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

Name And Address					RELATIONSHIP TO APPLICANT	Additional Insured	CERTIFICATE
					-		
					-		
					-		
PRIOR CAR	RIER	HISTORY & LOSS IN		RRIERS (LAST THREE Y	EARS):		
YEAR		CARRIER		Policy Number	LIMITS		PREMIUM
İ							
				ISTORY (LAST FIVE YE		_	
DATE OF LO	SS	TYPE OF LOSS	C	DESCRIPTION OF LOSS	An	IOUNT PAID	RESERVE
		been cancelled or nor					. ☐ Yes ☐ No

S316 (01/13) Page 4 of 7

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

To Insureds in the States of:

Alabama, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:

NOTICE: In some states, 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.

Alaska

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.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas

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.

California

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents 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.

Colorado

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.

District Of Columbia

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.

S316 (01/13) Page 5 of 7

Hawaii

Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Idaho

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

Indiana

Any 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.

Louisiana

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.

Maine

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.

Maryland

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

Minnesota

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

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.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

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.

New York

The following statement is to be attached to and form a part of the policy application:

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.

S316 (01/13) Page 6 of 7

Ohio

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.

Oklahoma

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.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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.

Tennessee

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.

Virginia

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.

Washington

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.

Producer's Signature	Date	Applicant's Signature	Date

S316 (01/13) Page 7 of 7