



# RESTAURANT / BAR / TAVERN & LIQUOR LIABILITY SUPPLEMENT

(Include Acord Application)

Applicant/Named Insured: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 Website Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_

## A. Financial Information

Provide Receipts for:

	<u>Last 12 Months</u>	<u>Estimated Next 12 Months</u>
1. Alcoholic Beverages	_____	_____
2. Food	_____	_____
3. Other: _____	_____	_____
4. Total Gross Receipts	_____	_____

Name of person to contact for financial records: \_\_\_\_\_  
 Title of person: \_\_\_\_\_ Phone number: \_\_\_\_\_

## B. General Information

- Number of: Years in operation: \_\_\_\_\_ Years at this address: \_\_\_\_\_  
 Years of experience management has had in restaurant / bar / tavern industry: \_\_\_\_\_
- Days and hours of operation: \_\_\_\_\_  
 (a) What is the latest hour the establishment will ever stay open? \_\_\_\_\_  AM  PM  24 Hours  
 (b) What time do you stop selling or serving alcohol? \_\_\_\_\_  AM  PM  24 Hours
- Is the applicant a member of the National Restaurant Association?  Yes  No  
 If yes, provide license number: \_\_\_\_\_
- Average clientele age:  Under 18  18 - 24  25 - 34  35 - 50  Over 50
- Are Bouncers or Security provided?  Yes  No  
 If yes, are they:  
 a.  Armed  Unarmed How many? \_\_\_\_\_  
 b.  Employees  Independent or Contracted  Off-duty police officers  
 c. If independent or Contracted or Off-Duty Police Officers, indicate if they are required to provide:  
 Certificate of Insurance?  Hold harmless Agreement?
- Does applicant have any of the following:  
 Dance Floor: \_\_\_\_\_ sq. ft.  Pool Tables: # \_\_\_\_\_  Karaoke  
 Pinball Machines: # \_\_\_\_\_  Dart Board  Disc Jockey  
 Exotic Dancers: # \_\_\_\_\_  Movies/Videos  Live Music - Solo Artist  
 Full Nudity  Video Games  Live Music - Groups  
 Partial Nudity  Comedy Shows  Mechanical Rides

Describe in detail any box with an "X" above (include number of days per week, type of music, etc.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Is the use of pyrotechnics ever allowed by management?  Yes  No
8. Any other types of entertainment?  Yes  No  
 If yes, provide details: \_\_\_\_\_
- 

**C. General Liability Information**

1. Number of employed: Managers: \_\_\_\_\_ Bartenders: \_\_\_\_\_ Waiters/Waitresses: \_\_\_\_\_
2. Number of other employees serving alcoholic beverages: \_\_\_\_\_
3. Is table service provided?  Yes  No
4. Building's legal capacity as established by fire marshal or fire department: \_\_\_\_\_
5. Number of exits: \_\_\_\_\_ Are they all marked with 'Exit' signs?  Yes  No
6. Are all exits equipped with panic door hardware?  Yes  No  
 If no, are all exits kept unlocked during business hours?  Yes  No

**D. Cooking Hazard**

1. Is any type of cooking done on premises?  Yes  No  
 If yes, check all that apply:  Microwave only  Deep Fryers/Grills  Other: \_\_\_\_\_
2. UL approved auto extinguishing system over all cooking surfaces and deep fryers?  Yes  No  
 If yes, type of system:  Wet Chemical (UL 300 approved)  Dry Chemical  
 Is there a semi-annual service contract for auto extinguishing system?  Yes  No
3. Is there an automatic shut off for gas or electric service?  Yes  No  
 If no, is there a manual shut off?  Yes  No
4. Are hoods and ducts equipped with filters?  Yes  No
5. Are hoods and ducts cleaned at a minimum of every six (6) months?  Yes  No
6. Are filters cleaned at a minimum of every six (6) months?  Yes  No

**E. Property Coverage Information**

1. Distance from nearest: Responding fire station: \_\_\_\_\_ miles Fire hydrant: \_\_\_\_\_ feet
2. Year built: \_\_\_\_\_ # of stories: \_\_\_\_\_ Construction:  Frame  Other: \_\_\_\_\_
3. Total square footage of building: \_\_\_\_\_ Square footage occupied by applicant: \_\_\_\_\_
4. Any fire extinguishers?  Yes  No If yes, how many? \_\_\_\_\_
- a. Have fire extinguishers been serviced and tagged within past year?  Yes  No
- b. Are portable fire extinguishers mounted and accessible to cooking areas?  Yes  No
5. Year of last updates (**or N/A if none**) to: Roof: \_\_\_\_\_ Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_ HVAC: \_\_\_\_\_
6. Is there a: Central station **fire** alarm?  Yes  No Central station **burglar** alarm?  Yes  No  
 If yes, identify central station: \_\_\_\_\_
7. Sprinklers?  Yes  No If yes, provide % of square footage covered by sprinklers: \_\_\_\_\_
8. Type of wiring:  Copper  Aluminum  Pigtailed
9. Type of roofing:  Asphalt  Composition  Wood shake/shingle  Other: \_\_\_\_\_

**F. Liquor Liability Information**

1. Name on Liquor License: \_\_\_\_\_  
**(Note: name must be the same as Named Insured)**
2. License #: \_\_\_\_\_

3. Requested Limits of Insurance (Each Common Cause/Aggregate):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$50,000/\$50,000   | <input type="checkbox"/> \$300,000/\$300,000 | <input type="checkbox"/> \$500,000/\$1,000,000   |
| <input type="checkbox"/> \$50,000/\$100,000  | <input type="checkbox"/> \$300,000/\$600,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 |
| <input type="checkbox"/> \$100,000/\$100,000 | <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 |
| <input type="checkbox"/> \$100,000/\$200,000 |  |  |

4. Location type:  Bar or Tavern  Convenience Store  Pool Halls  
("X" all applicable):  Bowling Alley  Distributor/Wholesaler  Private Club  
 Casino  Motel/Hotel  Restaurant  
 Caterer/Hall  Night Club  Special Event  
 Country Club  Package or Grocery Stores  Sports Bar  
 Other: \_\_\_\_\_

5. Indicate location area type:  Residential  Resort  Rural  Suburban  Industrial  
 Downtown  Commercial (Non-Industrial)

6. Predominant age of patrons:  21 – 25  26 – 35  36 – 50  51 and over

7. Does applicant allow anyone under 21 on premises?  Yes  No  
If yes, explain: \_\_\_\_\_

8. Is there a door or cover charge?  Yes  No

9. Does the applicant have a doorman?  Yes  No  
If yes, provide number on duty at one time: \_\_\_\_\_

10. Does applicant have ID checkers?  Yes  No  
If yes, provide number on duty at one time: \_\_\_\_\_

11. "X" any of the following provided or sponsored by the applicant:  
 2 for 1 Drinks  Free Alcoholic Drinks  Double for Single Prices  Singles Night  
 Ladies Night  Athletic Contest or Events  Late Night Happy Hour  Drink Specials

12. Number of patrons on premises at any one time: Maximum: \_\_\_\_\_ Average: \_\_\_\_\_

13. Maximum number of employees (including owners and managers) on duty at any one time: \_\_\_\_\_

14. Has applicant or this establishment ever:  
a. Been charged, cited or fined by ABC commissions or other governmental regulator?  Yes  No  
b. Had its alcohol beverage license suspended or revoked?  Yes  No  
If yes, explain: \_\_\_\_\_

15. Does applicant have a certified alcohol awareness training program for the prevention of alcohol abuse?  Yes  No

If yes, complete the following:

- a. Name of program: \_\_\_\_\_
- b. Are all servers trained within sixty (60) days of employment?  Yes  No
- c. Do you provide written procedures to employees regarding service to minors and intoxicated persons?  Yes  No
- d. Do you provide free rides home to intoxicated persons?  Yes  No

16. Show liquor liability insurer(s) for the past five (5) years:

	Carrier Name	Policy Number	Policy Period	Limits
Year 1			to	
Year 2			to	
Year 3			to	
Year 4			to	
Year 5			to	

17. List any liquor liability claims insured or uninsured in the past five (5) years:

Date of Loss	Description of Loss	Amount Paid	Amount Reserved
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

18. Provide current General Liability carrier, policy term and limits:

Carrier Name	Policy Number	Policy Period	Limits
		to	

19. Is assault and/or battery excluded on current General Liability policy?  Yes  No

20. Do you have knowledge of any injury or accident which might have been caused by the serving of alcoholic beverages from your establishment which occurred after the requested effective date and prior to the completion of this application?  Yes  No

If yes, explain in detail including name of injured party and date of incident: \_\_\_\_\_  
 \_\_\_\_\_

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

**NOTICE TO APPLICANTS (EXCEPT CO & NY):**

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 or confinement in 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

