



Taverns, Bars, Nightclubs Supplemental Application

(to be completed in conjunction with ACORD Application)

Applicant: _____

Producing Agency: _____

Business Information

List all owners and partners: _____

Currently Open for Business No Yes

Number of years at this location under current ownership: _____

Total years in Restaurant/Tavern Management: _____ Ownership: _____

Tot. Receipts: \$ _____ Alcohol:\$ _____ Food:\$ _____ Admission:\$ _____

Other receipts (explain): _____

Days of Operation: _____ Hours of Operation: _____

Do you stay open later than other establishments in your area? No Yes

Is property for sale? No Yes Is operation seasonal? No Yes

Are renovations taking place? No Yes If "Yes", please explain: _____

Has applicant ever been involved in bankruptcy or liquidation? No Yes

If "Yes", please explain _____

Has applicant had any citation or violation from any local or state regulatory authorities?

No Yes. If "Yes", please explain: _____

% clientele: Under 21 ___ 21-25 ___ 25-29 ___ 30-39 ___ 40-49 ___ 50+ _____

Does the applicant have or sponsor any teen or Under 21 nights? No Yes

Any weapons on premises? No Yes Explain _____

Does the applicant have any off premises catering? No Yes. If "Yes", is any liquor served off premises or at catered events? No Yes

Doormen/ID Checkers? No Yes Security Guards? No Yes Number: _____

Bouncers? No Yes, number: _____

Are they armed? No Yes

Are bouncers Off-Duty Policemen? No Yes, describe: _____

Describe protocol for dealing with unruly patrons: _____

Premises Information

Premises Address: _____

Is parking lot under insured's control? No Yes: Square Footage: _____

Is parking for customers only? Yes No, please explain: _____

Is valet parking provided? No Yes

If "Yes", by employees or service? employees service

Customer Occupied Square Footage: _____

Seating Capacity: Under 50 51-100 101-250 251-500 Over 500

Have there been any incidents involving Assault & Battery in the last 5 years?

No Yes. If "Yes", please explain: _____

Is the premises located in a jurisdiction which permits civil cases to be heard in a Tribal Court? No Yes

Entertainment

Type of entertainment (check all that apply) - If none, check here :

DJ Karaoke Comedian Topless Go-Go Live Music

Other (describe) _____

If music, performed live or played by DJ (check all that apply):

Country / Western Disco / Video Hip Hop Rap Piano/Organ Player

Rock 'n Roll Other (describe) _____

How often? _____ times per week Number of band members _____

Is there dancing? No Yes, size of dance floor and number of nights: _____

Is there exotic dancing? No Yes

Any special effects used? No Yes If yes, describe _____

Any nationally known acts? No Yes Are promoters used? No Yes

Any special events? No Yes If yes, describe _____

_____ How often? _____ times per week/month

Are extra bouncers and/or security guards utilized from time to time? No Yes

(frequency) _____

Amusement devices? No Yes, type and number: _____

Mechanical devices? No Yes, type and number: _____

Gaming devices, tables? No Yes, type and number: _____

Pool tables? No Yes, type and number: _____

Cooking/Food Preparation If none, check here

Is there an automatic suppression system? No Yes

Does the system protect all hoods and ducts? No Yes Griddles? No Yes

Deep fat fryers? No Yes Open Flame? No Yes Barbecue Pits? No Yes

Does the applicant have a service contract for automatic fire extinguishing system?

No Yes Date last cleaned: _____ Frequency of cleaning: _____

Is there an automatic fuel shut-off device? No Yes

Does the applicant have a contract with an outside commercial cleaning company for hood and duct system?

No Yes Date last serviced: _____ Frequency of cleaning: _____

Any off-premises catering? No Yes, please explain: _____

% of total receipts from off-premises catering: _____

Does applicant serve any raw seafood? No Yes, please explain: _____

Liquor Liability

Previous carrier: _____ Expiration Date: _____

Policy Number: _____ Claims made Occurrence

Ever cancelled or non-renewed? No Yes, please explain: _____

Has applicant ever been cited or fined for violation of law or ordinance relating to the sale of alcohol: No Yes, please explain: _____

Number of bartenders _____ Number of servers _____

Does applicant have any promotional events? No Yes Happy Hour? No Yes

Ladies Night? No Yes. Other, explain _____

Does the applicant permit BYOB? No Yes

Alcoholic Beverage Training – By signing this application you are confirming the following:

TX Locations: All employees, managers and individual owners who are directly involved in the day-to-day operation, management, and/or service of alcoholic beverages at any time must hold a current and valid Seller Training Certification from the Texas Alcoholic Beverage Commission (TABC).

FL Locations: You are in full compliance with **FLORIDA RESPONSIBLE VENDOR ACT** as outlined in **Section 561.705 of the FLORIDA STATUTES**

All other states: You require all servers to complete Seller Server Training/TIPS prior to beginning work.

If at any time during the policy period these Alcoholic Beverage Training conditions are not met, your coverage could be rescinded and deemed null and void.

Applicant/Insured

Signed: _____ **Date:** _____

Producing Agent

Signed: _____ **Date:** _____