

Supplemental Application – Bars, Taverns & Night Clubs

Applicant Name: _____	Date: _____
Location Address: _____	
Web Site: _____	

Business Information:

Years experience of mgmt. at this location: _____ Total years experience in this industry: _____

Has applicant ever operated this location under a different name or DBA (other than above)? Yes No Describe: _____

Any prior bankruptcies or liquidations? Yes No Describe: _____

Is your business seasonal? Yes No Describe: _____

Hours of operation:

<u>Mon. – Thu.</u>	<u>Fri.</u>	<u>Sat.</u>	<u>Sun.</u>

Premises Information:

When were updates for:

- Electricity: _____ Partial or complete? _____
- Plumbing: _____ Partial or complete? _____
- Roofing: _____ Partial or complete? _____
- HVAC: _____ Partial or complete? _____

Are buildings sprinklered? Yes No Percentage: _____

Are there any lakes, ponds or boat slips? Yes No

Are there smoke detectors? Yes No Hard wired or battery operated? _____

Are there fire alarms? Yes No Central station, local or pull alarms? _____

Are there burglar alarms? Yes No Central station, local? _____

Is there aluminum wiring on premises? Yes No Describe: _____

Is the aluminum wiring repaired? Yes No Describe: _____

Clearly marked fire exits? Yes No Secondary means of egress on each floor? Yes No

Emergency lighting in common areas? Yes No

Is there a parking lot located on premises? Yes No

Is the parking lot owned, operated & maintained by applicant? Yes No

What is the size of the parking lot? _____

Is there a valet parking service? Yes No

Is the valet parking provided by an independent service company? Yes No

Is the valet service required to maintain indemnity insurance? Yes No

Liquor Liability: Check here if no Liquor is sold or furnished

Have you ever had your liquor license revoked or suspended? Yes No Describe: _____

Have you ever had any prior liquor citations or law violations? Yes No Describe: _____

In the last 5 years, have you had any liquor or dram liability claims? Yes No Describe: _____

Do all servers receive formal Alcohol Awareness training? Yes No Describe: _____

Do you sponsor any drink specials (i.e., 2-for-1, ladies night, etc.)? Yes No Describe: _____

Do you have a separate VIP room? Yes No Describe: _____

Do you have any package sales? Yes No Describe: _____

Do you have any drive-thru facilities? Yes No Describe: _____

Do you admit anyone under 21? Yes No Describe: _____

Age of clientele (percentages):

	<u>Under 21</u>	<u>21 thru 30</u>	<u>31 thru 40</u>	<u>Over 40</u>

Are patrons allowed to bring in their own alcoholic beverages? Yes No

Are you open later than other establishments in the area? Yes No

Do you provide cab service or have a designated driver program? Yes No

Is there any off-premises liquor catering? Yes No

Entertainment: Check here if no Entertainment

Is there a dance floor? Yes No Sq. footage: _____

Are there any mechanical devices? Yes No Describe: _____

Are there any gambling devices or tables? Yes No Describe: _____

Are there any pool or billiards tables? Yes No Describe: _____

Are there any athletic events? Yes No Describe: _____

Are there any promotional events (such as Teen Night, Wet T-Shirt or Foam Contests)? Yes No Describe: _____

Are there any special activities (such as mud wrestling, bungee jumping, Velcro suits or mosh pits)? Yes No Describe: _____

Other special or promotional activities? Yes No Describe: _____

LIVE Entertainment: Check here if no LIVE Entertainment

Is there a DJ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____
Is there karaoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____
Is there any topless or Go-Go dancing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____
Are there any comedians or stand-up entertainers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____
Any live performers: - Country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	No. nights per week:	_____
- Piano/Solo Acts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	No. nights per week:	_____
- Rock/Disco?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	No. nights per week:	_____
- Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	No. nights per week:	_____
Are there any national known performers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____
Are there any promoters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____
Any special effects: - Lighting/Sound?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
- Smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
- Pyrotechnics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other live entertainment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____

Security:

Are there any ID checkers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____
Are there any bouncers or security guards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____
Are bouncers or security guards employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____
Are they third-party bouncers or security guards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____
Does applicant require third-party bouncers or security guards to have insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____
Is applicant an additional insured on third-party bouncers' or security guards' insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____
Are there any off-duty policemen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____
Are there ever any weapons on premises?				
Bouncer possession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Security guards possession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Off-duty police possession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other weapons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____

Restaurant/Cooking Exposure: Check here if no Cooking Exposure

Is there cooking done on the premises? Yes No

Any sub-contracted cooking facilities? Yes No

Type of cooking - Deep Fat Fryers? Yes No

- Griddles? Yes No

- Grill/BBQ Pit? Yes No

Does establishment serve any raw seafood? Yes No Describe: _____

Are there any banquet facilities? Yes No Square footage: _____

Maximum occupancy: _____

Any off-premises catering? Yes No Describe: _____

Is there an automatic suppression system over all cooking surfaces? Yes No

Is there an independent cleaning contract for the automatic extinguishing system? Yes No

Is there an independent cleaning contract for hoods & ducts? Yes No

Have there been any Health Dept. violations? Yes No

Is indemnity ins. required? Yes No

Is there an automatic shut-off? Yes No

How often is system cleaned? _____

How often is system cleaned? _____

Describe: _____

Gross Receipts:

<u>Bar/Lounge</u>	<u>Restaurant</u>	<u>Other Operations</u>
Food _____	Food _____	Sales/receipts _____
Liquor _____	Liquor _____	Rentals _____
Other _____	Other _____	Other _____
Total _____	Total _____	Total _____

Hired & Non-Owned Auto: Check here if not requested

Do you verify each employee driving for business purposes has a valid government issued driver's license and carries sufficient personal insurance in accordance with minimum state insurance requirements? Yes No

Do you prohibit business driving rights for any individual with prior incidence of license suspensions, revocations or DUI convictions? Yes No

Do you provide off-site catering or delivery services? Yes No

Have you had any hired and non-owned auto losses in the past 5 years? Yes No Please attach detailed list of losses.

Representation & Warranty Statement:

I have read this Application and I represent that all of the foregoing statements are true and accurate and that these statements are offered as the basis upon which Apex is considering issuance of an insurance policy. Any missing or erroneous information in this Application may jeopardize coverage in the event of a claim under any policy issued by Apex.

WARNING: 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.

Applicant: _____ **Title:** _____ **Date:** _____