

**MAIN SALES INSURANCE SOLUTIONS, INC.  
RESTAURANT, TAVERN, BAR SUPPLEMENTAL**

Agency Name \_\_\_\_\_ Applicant's Web Site Address \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL INFORMATION**

Receipts: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_

Liquor: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Seating Capacity: \_\_\_\_\_

Operating Hours: \_\_\_\_\_

Square footage of building \_\_\_\_\_

Yrs in business at this location? \_\_\_\_\_

**Type of Establishment - Check all that apply**

- |   |  |
|---|--|
| <input type="checkbox"/> Bar                                    | <input type="checkbox"/> On premises catering (% of sales _____)                 |
| <input type="checkbox"/> Sport's Bar                            | <input type="checkbox"/> Off premises catering (% of Sales _____)                |
| <input type="checkbox"/> Tableside Cooking                      | <input type="checkbox"/> Open Barbeque Pits                                      |
| <input type="checkbox"/> Tavern                                 | <input type="checkbox"/> Raw seafood served. If yes, percentage of sales _____   |
| <input type="checkbox"/> Restaurant                             | <input type="checkbox"/> Rental of facilities to others (# times per year _____) |
| <input type="checkbox"/> Nightclub or Private Club              | <input type="checkbox"/> Food Delivery   |
| <input type="checkbox"/> Bring your own liquor facility (BYOB)  |  |
| <input type="checkbox"/> After hours establishment (Prohibited) |  |
| <input type="checkbox"/> Happy Hours for drink specials         | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Teen Dance Club (Prohibited)           |  |

**Retailer recommendation:**

Yes  No  Has the retail agent has visited the risk and recommends it for coverage?

**Liquor Liability**

Yes  No  Is applicant requesting liquor liability? If yes, please complete liquor supplemental application.

**Applicant Information**

Yes  No  Are owners active in the business? Number years experience \_\_\_\_\_

Yes  No  Does the applicant own the building?

Yes  No  Does the applicant lease the building from others?

Yes  No  Has applicant filed Bankruptcy (Chapter 7, 11 or 13) or is applicant in receivership (prohibited)

Yes  No  Has applicant's insurance been cancelled or non-renewed in the past year for non compliance of recommendations? If "Yes", provide details: \_\_\_\_\_

**General Information**

Yes  No  Is establishment currently open for business?

Yes  No  Are there any apartment's in the building? If so, how many \_\_\_\_\_

Yes  No  Is there a history of rowdiness or fights?

Yes  No  Is property is for sale?

Yes  No  Is property vacant, foreclosed or undergoing renovation? ? If "Yes", provide details: \_\_\_\_\_

**Cooking Exposure: Complete if Property coverage is requested:**

- Yes  No  An automatic fire extinguishing system protects hoods, ducts, grease filters and cooking areas including deep fat fryers.
- Yes  No  The fire extinguishing system has a manual release located outside the kitchen.
- Yes  No  Exhaust filters, ducts and hoods are cleaned by a professional cleaning service quarterly and inspected annually.
- Yes  No  Cooking equipment has an automatic fuel shutoff.
- Yes  No  Deep fat fryers have a temperature limit with automatic shutoff.
- Yes  No  Deep fat fryers are separated from any cooking surface by at least an 18-inch, non-combustible barrier.
- Yes  No  Is there any open flame cooking?
- Yes  No  Is there proper disposal of trash and smoking materials?

**Safety:**

- Yes  No  Is property in deteriorated condition?
- Yes  No  Is there an adequate number of fire extinguishers on premises with current service tags?
- Yes  No  Does building have emergency lighting?
- Yes  No  Is building located on a wharf, pier, beach, dock or pilings?
- Yes  No  Are steps and rails in good repair with adequate lighting?
- Yes  No  Are there any firearms on premises?
- Yes  No  Does insured employ bouncers?
- Yes  No  Does insured employ ID checkers?
- Yes  No  Does insured employ or subcontract armed security? If "yes" please provide details: \_\_\_\_\_

**Entertainment:**

- Yes  No  Is there a dance floor? If yes, what is the square footage \_\_\_\_\_
- Yes  No  Are there bands? If yes, type of music? \_\_\_\_\_
- Yes  No  Are there DJ's? If yes, type of music? \_\_\_\_\_
- Yes  No  Are there pool tables? If yes, how many \_\_\_\_\_
- Yes  No  Does insured employ dancers?
- Yes  No  Any mechanical bulls or other patron participating activities? If "Yes", Prohibited
- Yes  No  Is there a playroom or playground for children? If "Yes", Prohibited
- Yes  No  Is there any other entertainment? If so, describe \_\_\_\_\_

**Parking:**

- Yes  No  Is parking lot under applicant's control?
- Yes  No  Is valet parking provided by your employees? If "Yes", Prohibited
- Yes  No  Is valet parking subcontracted to others? If yes, does the subcontractor must provide certificates of insurance evidencing both auto liability and garage keepers legal liability (GKLL)? \_\_\_\_\_

**Losses:**

Describe all losses in the past 3 years: \_\_\_\_\_  
 Have there been any incidents involving Assault & Battery in the past three years? If yes , explain:

**I hereby certify that all information is accurate to the best of my knowledge:**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Producer: \_\_\_\_\_ Date: \_\_\_\_\_