

Hospitality Application

Named Insured: _____ DBA: _____

Mailing Address: _____

Location Address: _____

Website Address: _____ Email Address: _____

Inspection Contact Name: _____ Inspection Contact Phone Number: _____

Insured Type: Individual Partnership Corporation LLC Other _____

Proposed Policy Term: From _____ To _____ Seasonal? Y N

Underwriting Information

Is This a New Venture? Yes No

Is the Risk Open for Business? Yes No

Operating Hours:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Description of Operations: Bar/Tavern Restaurant Private Club Night Club
 Convenience/Liquor Store Other (Specify) _____

Portion of the Building Occupied by the Applicant? _____ %Entire _____ %Grade Floor _____ %Other

Construction: _____ Frame _____ Masonry _____ Non-Combustible _____ Fire Resistive

Number of Stories: _____ Year Built: _____ Protection Class: _____

Burglar Alarm: _____ Local _____ Central Station Fire Alarm

Recent Updates: Fire Department: _____ Volunteer _____ Paid

Roof _____

Plumbing _____ How Long Has the Insured Been in Business at This Location? _____

Electrical _____ Freestanding Building? Yes No

Heating _____ Central Alarm? Yes No

What Are the Adjacent Exposures? _____

Total Area _____ Area of Restaurant _____ Area of Banquet Rooms _____

of Apts _____ Total Sales _____ Total Food Sales _____

Total Liquor Sales _____ Other Sales _____

What Is the Extent of the Cooking? _____

Devices	Device Used		Under Hood?		Auto Fuel Shut Off?		Surface Protections?	
Grills	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Deep Fryers	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Broilers	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Range / Oven	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is Gas Safety Shut-Off Marked? Yes No Frequency of Filter Cleaning? _____

Are Ducts Specifically Treated With Fire Retardant Material? By Whom? _____

Yes No Frequency of Hood Cleaning? _____

Is Cooking Equipment Protected by an Ansul System? By Whom? _____

Yes No Last Service Date for Fire Extinguishers? _____

Is the Cooking Equipment UL300 Compliant? By Whom? _____

Yes No # of Fire Extinguishers in Kitchen? _____

of Fire Extinguishers in Dining Room? _____

General Liability Section

General Aggregate (Other Than Products – Completed Operations) Limit \$ _____

Products – Completed Operations Aggregate Limit \$ _____

Personal and Advertising Injury Limit \$ _____

Each Occurrence Limit \$ _____

Damage to Premises Rented to You Limit \$ _____

Medical Expense Limit \$ _____

Loc #	Classification	Class Code	Exposure	Premium Basis (Receipts, Area or Units)

Is Entertainment Provided? Yes No If Yes, Please Describe: _____

Athletic Events Sponsored? Yes No If Yes, Please Describe: _____

Property Section

Limits Desired Cause of Loss: Basic Special

Building \$ _____ RC ACV Deductible \$ _____ Co-Ins % _____

Contents \$ _____ RC ACV Deductible \$ _____ Co-Ins % _____

Bus Income \$ _____ Co-Ins % _____

Satellite Dish \$ _____

Deductible \$ _____ Co-Ins % _____

Sign \$ _____

Deductible \$ _____ Co-Ins % _____

Other \$ _____

Deductible \$ _____ Co-Ins % _____

Crime Section

Coverage Type Desired

Coverage Limit Desired

Crime Form C: Theft, Destruction and Disappearance

\$ _____
Inside the Premises \$ _____
Outside the Premises

Deductible \$ _____

Crime Form E: Premises Burglary

\$ _____
Inside the Premises

Deductible \$ _____

Crime Form Q: Robbery of Money & Securities and Safe Burglary \$ _____ \$ _____
Inside the Premises Outside the Premises

Deductible: \$ _____

Additional Interests (Please Be Specific)

Name: _____

Additional Insured

Loss Payee

Address: _____

Lender's Loss Payee

Interest: _____

Mortgagee

Contract of Sale

Name: _____

Additional Insured

Loss Payee

Address: _____

Lender's Loss Payee

Interest: _____

Mortgagee

Contract of Sale

Liquor Liability Section

Licensee Name: _____

Entertainment: Days per Week

Days per Week

Days Per Week

DJ _____

Topless _____

Juke Box _____

Band _____

Dancing _____

Pool Tables # _____

Keno _____

Karaoke _____

Dart Boards # _____

Number of Alcohol Servers Employed _____

Number Who Are TIPS/TAMS Certified _____

Does the Applicant Hire or Utilize Bouncers? Yes No If Yes, How Many? _____

Limits of Liability:

50/50 50/100 100/100 100/300 300/300 300/600 500/500 500/1MIL 1MIL/1MIL

Individual Risk History

Has the Establishment Been Cited for a Violation of Any Liquor Laws in the Past Five (5) Years?

Yes No If Yes, Give Date & Details _____

Has Liquor Liability Coverage Ever Been Cancelled, Declined, Non-Renewed or Had a Lapse in Coverage?

Yes No If Yes, Give Date and Details _____

Does Your Current Liquor Policy Exclude Assault or Battery?

Yes No If No, What is the Current Assault or Battery Limit? _____

Does Your Current General Liability Policy Exclude Assault or Battery?

Yes No If No, What is the Current Assault or Battery Limit? _____

Prior Carrier Information (Please Give Detailed History, Including Coverage Premiums)

Policy Term	Insurance Carrier	Property Premium	Liability Premium
From: To:		\$	\$
From: To:		\$	\$
From: To:		\$	\$

Claims History (Please List All Claims or Occurrences That May Give Rise to Claims for the Prior Three Years)

Date of Occurrence	Description of Loss	Status	Paid	Reserved

Prior Liquor Liability Carrier Information (Please Give a Detailed History, Including Coverage Premiums)

Policy Term	Insurance Carrier	Limits	Premium
From: To:			\$
From: To:			\$
From: To:			\$

Liquor Liability Claims History (Please List All Claims or Occurrences That May Give Rise to Claims for the Prior Five Years)

Date of Occurrence	Description of Loss	Status	Paid	Reserved

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." Is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: 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 Fraud Statement: 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.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine and Washington Fraud Statement: 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.

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

New York Fraud Statement: 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.

Ohio Fraud Statement: 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 Fraud Statement: 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.

Pennsylvania Fraud Statement: 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 and Virginia Fraud Statement: 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.

Fraud Statement (All Other 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.

Agent Information

Has the Agent Personally Inspected the Applicant's Premises? Yes No

Condition of Risk? Excellent Good Fair Poor

Any Other Information That Is Pertinent to This Risk? _____

Agency Name: _____

Agency Address: _____

Agency Phone Number: _____ Fax: _____

Agent's Email: _____

Agent Signature: _____

Applicant Signature: _____

Date: _____

Date: _____