



### RESTAURANT, BAR AND TAVERN SUPPLEMENTAL APPLICATION

- 1. Applicant's Name: \_\_\_\_\_
- 2. Number of Locations (Attach separate application for each): \_\_\_\_\_
- 3. Name of Location to be Insured: \_\_\_\_\_  
 Address of Location to be Insured (Including city, state, and zip code): \_\_\_\_\_

- 4. Website: \_\_\_\_\_
- 5. How many years has the Applicant been in business? \_\_\_\_\_  
 If less than 3 years, how many years of experience does the Applicant have managing or operating this type of business? \_\_\_\_\_

6. Hours of Operation:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

- 7. Annual Receipts: Food \$ \_\_\_\_\_ Admission/Cover \$ \_\_\_\_\_  
 Liquor \$ \_\_\_\_\_ Tobacco/Hookah \$ \_\_\_\_\_  
 Billiards/Pool \$ \_\_\_\_\_ Games/Amusement Devices \$ \_\_\_\_\_  
 Other (Describe): \_\_\_\_\_ \$ \_\_\_\_\_

8. Seating Capacity: \_\_\_\_\_ Public Square Footage (All areas that are not Employee Only): \_\_\_\_\_

9. Is this location a franchise of a national or regional chain?  Yes  No

10. Does the Applicant provide table service (i.e. servers and wait staff)?  Yes  No

11. Type of Business (Check all that apply):
- Adult Entertainment (including but not limited to nude, topless, go-go or erotic dancing)
  - After Hours Club/Venue
  - Bakery/Donut Shop
  - Banquet Hall/Facility Rental
  - Bar/Tavern
  - Bartending/Waiter Service
  - Billiard/Pool Hall - Number of Tables: \_\_\_\_\_
  - Bowling Alley
  - Brewery/Liquor Distillery/Winery
  - Casino or Electronic Gaming
  - Catering Services
  - Cigar Bar
  - Clubs – Fraternal/Private/Social  
Describe: \_\_\_\_\_
  - Other (Describe): \_\_\_\_\_
  - Coffee Shop
  - Comedy Club
  - Concert Hall/Venue Capacity: \_\_\_\_\_
  - Concessionaire
  - Drive-thru Daiquiri
  - Grocery Store/Convenience Store
  - Hookah Lounge
  - Host or Hostess Bar/Club
  - Microbrewery/Brew Pub
  - Nightclub/Dance Club
  - Package Store/Liquor Store
  - Restaurant
  - Sports Bar

12. Type of Cuisine/Food served: \_\_\_\_\_

13. Does the Applicant allow BYOB?  Yes  No  
If yes, describe: \_\_\_\_\_

14. Are there hookahs or other communal smoking devices?  Yes  No

15. Do college students frequent the Applicant's establishment?  Yes  No  
If yes, indicate the percentage of college students on premises after 10:00pm: \_\_\_\_\_

16. Is valet parking available?  Yes  No  
If yes, are the valets employed or is the service contracted? \_\_\_\_\_

17. Does the insured offer food delivery services by any means other than automobile?  Yes  No  
If yes, please describe: \_\_\_\_\_

18. Is there any tabletop or tableside cooking?  Yes  No

19. Are customers allowed to cook their own food?  Yes  No

20. Have there been any health code violations in the past 3 years?  Yes  No  
If yes, describe: \_\_\_\_\_

21. Is there any raw shellfish (including oysters) served at this location?  Yes  No  
If yes, describe: \_\_\_\_\_

22. Are firearms allowed on the premises?  Yes  No

23. Are security personnel utilized (bouncers, armed guards, unarmed guards, etc.)?  Yes  No

24. Are there doormen or ID checkers at the door at any time?  Yes  No

25. Are any animals, including dogs, allowed on the premises?  Yes  No  
If yes, describe: \_\_\_\_\_

26. Is there a swimming pool on the premises?  Yes  No  
If yes, complete the Swimming Pool Supplemental Application.

27. Is there any entertainment provided?  Yes  No

If yes, check all of the types that apply and indicate number of days per week or year below:

Adult Entertainment (including but not limited to nude, topless, go-go or erotic dancing)

Sports Courts or Facilities Describe: \_\_\_\_\_

Disc Jockey Number of days per week \_\_\_\_\_ Or per year \_\_\_\_\_

Karaoke/Open Mic Nights Number of days per week \_\_\_\_\_ Or per year \_\_\_\_\_

Live Music Acts Number of days per week \_\_\_\_\_ Or per year \_\_\_\_\_

\*Other (i.e. stage/floor show, customer contests, etc.) - Describe below Number of days per week \_\_\_\_\_ Or per year \_\_\_\_\_

\*Other (Describe): \_\_\_\_\_

Additional Description of Entertainment: \_\_\_\_\_

28. Type of Music (Check all that apply):

- |   |   |                                       |  |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Alternative Rock | <input type="checkbox"/> Black, Death or Thrash Metal | <input type="checkbox"/> Classic Rock | <input type="checkbox"/> Country or Folk |
| <input type="checkbox"/> Hip Hop          | <input type="checkbox"/> Jazz or R&B                  | <input type="checkbox"/> Punk         | <input type="checkbox"/> Rap             |
| <input type="checkbox"/> Top 40's/Pop     | <input type="checkbox"/> Other(describe): _____       |                                       |  |

29. Is there a stage?  Yes  No

30. Is there a dance floor?  Yes  No

If yes, provide square footage: \_\_\_\_\_

31. Are there any pyrotechnics used?  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

32. Are there electronic or mechanical amusement devices on premises?  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

33. Is there an Automatic Extinguishing System covering all cooking areas and surfaces?  Yes  No

If yes, is there a professional service contract in place to service and inspect the system at least semi-annually?  Yes  No

34. Is cooking performed under hoods?  Yes  No

If yes, is there a professional service contract in place to clean the hoods, vents, and ducts at least semi-annually?  Yes  No

35. Is any cooking performed using open fire pits or smokers?  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_