



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

BARS/RESTAURANTS/TAVERNS GENERAL LIABILITY SUPPLEMENT

(Include Acord application)

APPLICANT INFORMATION:

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

1. Classification of risk:

- Tavern Disco Bowling Center Off premises caterer
- Restaurant Banquet facility Membership club On premises caterer

Annual Sales		Past 12 Months	Next 12 Months
	Liquor Sales		\$ _____
Food Sales		\$ _____	\$ _____
Other		\$ _____	\$ _____
	Total	\$ _____	\$ _____

2. Are surrounding premises:

- Downtown district Industrial Seasonal Rural Resort
 - Shopping center Waterfront Suburban commercial Residential/commercial
- If waterfront, does applicant provide boat docking facilities for patrons? Yes No
- If yes, docking space for how many boats? _____

3. Clientele:

- Local residents Families Retirement community College students Seasonal residents

4. Median age of patrons:

- 18 - 25 25 - 30 30 - 40 40 and over

Are premises located near a college or university? _____

5. Entertainment:

- a. Is there any live entertainment on premises? Yes No Number of times per week: _____
 If yes, describe (include go-go dancers, topless, disco, exotic, female/male): _____
- b. Is there dancing? Yes No Number of times per week: _____
 Square footage of dance floor: _____

- c. Does applicant have amusement devices? Yes No
 If yes, how many: _____
 Describe: _____
- d. Does applicant have playgrounds? Yes No
 If yes, how many: _____
 Describe: _____
- e. Is there a minimum or cover charge? Yes No
- f. Sports on premises? Yes No
 If yes, provide complete details: _____

- g. Sports sponsored off premises? Yes No Number of times per week: _____
 Describe: _____

6. General Information:

- a. Are facilities available for use or rent for private parties, receptions, banquets or similar affairs? Yes No
 If yes, number of times per year: _____ Percentage of catering: _____%
 Describe: _____
- b. Does applicant advertise or promote "happy hour" or other events when drinks are sold at a lower price than usual? Yes No
- c. Do you subscribe to a taxi or other service providing transportation home to apparently intoxicated patrons? Yes No
 If yes, please describe: _____
- d. Number of years under current management: _____ How many hours per day is applicant open: _____
- e. Types of meals served: Full meals Short order
- f. Maintenance of building is: Good Average Poor
- g. Housekeeping is: Good Average Poor
- h. Does applicant have parking area? Yes No Is lot well-lit? Yes No
- i. In the past five years has applicant been cited by the Liquor Control Commission? Yes No
 If yes, give date(s) and full explanation: _____
- j. Are police records and background checks conducted on employees? Yes No
- k. Number of bouncers or doormen: _____
- l. Are security guards/bouncers/doormen employees or independent contractors? _____
 If independent contractors, do they provide certificates of insurance and Additional Insured Endorsements to the applicant? Yes No
- m. Does applicant have Workers Compensation coverage in force? Yes No
- n. Does applicant lease employees? Yes No Total number of employees: _____
- o. During the past three years, has any company ever cancelled, declined, or refused to issue similar insurance to the applicant? Yes No
 If yes, please explain (*not applicable in Missouri*) _____

Schedule of Hazards								
Location No.	Classification	Class Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Others	Terr	Rate		Premium	
					Prem/Ops	Products/ Comp Ops	Prem/Ops	Products/ Comp Ops

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

 Applicant's Signature

 Producer's Signature

 Date