



Submission Requirements:

- 1. Completed ACORD Apps
- 2. 5 year loss history
- 3. P&L Statement (if available)
- 4. Seating Capacity Sign (image if avail)
- 5. Sample Menu
- 6. Experience if new venture

Insured Information

Insured: _____ Inception Date: _____

Business and Financial Information

- 1. Experience: Number of years in restaurant management: _____ At this location: _____
- 2. Does owner operate and manage this restaurant? Yes No
- 3. Total number of employees: _____ Total square footage of risk: _____
- 4. Is insured presently in Chapter 11, bankruptcy or contemplating bankruptcy filing? Yes* No

*Explain: _____

5. Sales/Receipts:

Food Sales – Sit Down	\$	Liquor Sales – Inside	\$
Food Sales – On-Site Banquet	\$	Liquor Sales – Offsite/Take-home <input type="checkbox"/> Drive-Thru Window	\$
Food Sales – Off-Site Catering	\$	Merchandise Sales	\$
Cover Charges	\$	Other - Describe:	\$

6. Public area: _____ Seating Capacity (occupancy permit): _____

General Information

- 7. Type: Restaurant: _____ Sports Bar: _____ Other: _____
 - a. Average price of entrée: _____
 - b. Separate wine list? Yes* No *Explain: _____
- 8. Hours of operation: Mon-Thurs: _____ to _____ Fri: _____ to _____ Sat: _____ to _____ Sun: _____ to _____
- 9. Does this restaurant serve raw shellfish? Yes* No *Does menu contain a disclaimer? Yes No
- 10. Tableside cooking? Yes No Open pit barbeques? Yes No
- 11. Do you provide delivery service? Yes* No *Explain: _____
- 12. Do you sponsor or participate in any athletic or special events where coverage is needed? Yes No



13. Is this risk currently open for business? Yes No
14. Seasonal? Yes* No *If so, how many consecutive months closed? _____
15. If new construction, is construction completed? Yes No* *If no, completion date: _____
16. Is building sprinklered? Yes No
17. Is trash removed from the inside premises nightly? Yes No
18. Is restaurant located on a wharf, pier, dock, pilings or beach? Yes* No
*Which: Wharf Pier Dock Pilings Beach
19. Estimated percentage of restaurant patrons that arrive by boat: _____ %

Entertainment

20. Do you provide any live entertainment? Yes* No *Nights per week: _____
a. If yes: Rock-and-Roll Blues/Jazz DJ Solo Musician/Vocalist Country Piano/Guitar Player
 Adult/Exotic Dancing or Acts Other: _____
21. Any amusement devices such as: Pool tables ◦ # of tables: _____ Video games ◦ # of games: _____
 Mechanical bulls or other patron participation devices Darts
 Other: _____
22. Dance floor? Yes* No *Square foot area: _____
23. Playgrounds or playrooms? Yes* No *If yes, how many & type of activities: _____

Security

24. Neighborhood Crime and V&MM exposure: High Moderate Low
25. Burglar alarm: Central Station Local None
26. Is location equipped with emergency lighting and smoke detectors? Yes No
27. Firearms on premises? Yes No
28. Do you employ bouncers or security guards? Yes* No *If so, are they armed? Yes No

Cooking

29. Is any type of cooking done on premises? (please check if microwave cooking only) Yes No
30. Are cooking operations performed to NFPA Code? Yes No
31. UL approved auto extinguishing system over all cooking surfaces and deep fryers? Yes No
32. Semi-annual service contract for auto extinguishing system? Yes No
33. Automatic gas or electric shut-off for cooking with a manual pull? Yes No
34. Are hoods and ducts equipped with filters? Yes No
35. Are filters cleaned at a minimum of every six months? Yes No



36. Are hoods and ducts cleaned at a minimum of every six months? Yes No

37. Are portable fire extinguishers mounted and accessible to cooking areas? Yes* No

- Fire extinguishers: How many? _____
- Serviced and tagged within the past year? Yes No

Liquor Liability Supplemental

38. Limit of Liability Each Common Cause: \$100,000 \$300,000 \$500,000 \$1,000,000

39. Description of Business:

- | | | | | | |
|--|---|---------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bar or Tavern | <input type="checkbox"/> Mini Mart with Gas | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Supermarket | <input type="checkbox"/> Caterer | <input type="checkbox"/> Motel/Hotel |
| <input type="checkbox"/> Special Event | <input type="checkbox"/> Mini Mart w/o Gas | <input type="checkbox"/> Country Club | <input type="checkbox"/> Private Club | <input type="checkbox"/> Sports Bar | <input type="checkbox"/> Other: _____ |

40. Are background checks done on all employees serving alcohol to patrons? Yes* No

- If yes, do you pursue:
 - Prior employment reference checks? Yes No
 - Police reports? Yes No
 - Other checks? Yes* No

*If yes to 'other checks, please describe: _____

41. Are employees serving alcohol required to have past experience in this type of business? Yes* No*

- If yes, how many years minimum? _____ yrs.
- If no, what percentage of your server personnel have less than 2 years experience in similar positions/similar establishments? _____ %

42. Alcohol Awareness - Claims Reduction Activies:

Is an alcohol awareness program (tips, lear 2 serve, etc.) provided for all liquor servers, bar and wait staff? Yes* No

- If yes, please list several key aspects of your awareness program (ex. drink count, documentation, notify head bartenders- manager, etc.):

43. Are identified intoxicated patrons offered: Coffee? Yes No Cab home? Yes No

44. Are all patrons ID's checked? Yes* No

- If yes, describe ID verification procedures:

45. Has the applicant or any owner, partner, officer or licensee ever had a license revoked, refused or suspended or ever been cited/fined for a liquor violation? Yes* No ◦ If yes, please provide full details.

46. Number of: ◦ Bartenders: _____ ◦ Bouncers: _____ ◦ Servers: _____ ◦ ID Checkers: _____
◦ Armed Security Guards: _____ ◦ Unarmed Security Guards: _____



47. Liquor Liability Insurance Carrier and Loss History for Prior Five Years:

Year	Carrier	Premium	Date of Loss	Description

48. Has your liquor coverage ever been cancelled or non-renewed? Yes* No

◦ If yes, please describe:

49. Is the applicant aware of any incidents, which may lead to a claim? Yes* No

◦ If yes, attach complete details of each incident.

50. Have there been any fights among the patrons in the past year? Yes* No

◦ If yes, provide complete details:

51. Accountant/Audit Records:

◦ Bookkeeper: _____

◦ Phone #: _____ *Please attach copy of menu.



Notice to Applicant: A 25% minimum earned premium will be charged on cancellation made at the insured's request, including nonpayment. It is mutually understood and agreed between the Company and the Applicant that any inspection of the premises operations, or any matter pertaining to Insurance afforded by the Company, is made for the use and benefit of the Company only, and is not relied upon the Applicant in any respect.

Declaration: I declare that the statements made in the application are complete and true.

Florida Fraud Statute Section 817.234: Any person who knowingly and with intent to injure, defraud or deceive any insurer files statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree. I hereby authorize One80 Intermediaries & divisions to run any credit reference checks in accordance with the Fair Credit Reporting Act (91-508) should they deem necessary.

Fraud Section 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 may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.

Insured/Applicant Signature

Title

Agent's Signature

Date

Each question must be answered and form signed upon request to bind coverage.