

Producer Name _____
 Email _____
 Phone _____
 Address _____
 City _____

HOSPITALITY APPLICATION

APPLICANT INFORMATION

Named Insured: _____ Policy Number (if assigned) _____

Named Insured is (check one): Sole Proprietorship Partnership Corporation Limited Liability Corporation
 Joint Venture Other (explain): _____

Location Address (*Hospitality Supplement must be completed for each insured location*)

Street Address _____ City _____

County _____ State _____ Zip _____

Mailing Address (*Only if different than the location address*)

Street Address _____ City _____

County _____ State _____ Zip _____

Website Address: _____ Email Address: _____

Inspection Contact Name: _____ Phone Number: _____

Requested Effective Date: _____ Expiration Date: _____

(12:01 a.m. standard time at the location of the described premises covered hereunder of the named insured licensee unless stated otherwise)

GENERAL INFORMATION

1. Description of Business: _____
2. Number of years in business at this location? _____
3. If this is a new venture, what experience does the prospect have in the industry? (Please also provide years of experience)

4. Do you provide delivery? Yes No if yes, what % of sales is delivery? _____
5. Hours of Operation: Weekdays _____ Weekend _____ Seasonal (dates closed) _____
 Days of Week Open: Sunday Monday Tuesday Wednesday Thursday Friday Saturday
6. Receipts:

RECEIPTS	Last 12 Months	Anticipated for next 12 Months
Alcohol		
Food		
Gaming		
Other (Explain)		
Total		

7. Has any insurance coverage been cancelled, refused, or non-renewed in the last five years? YES OR NO

If yes, please provide the following:

Type of Coverage	Insurer	Reason

8. Has applicant made any claims, or have any claims been filed against applicant under any policy of insurance in the last five years? YES or NO If yes, provide the following:

Type of Coverage	Date of Claim	Type of Claim	Amount Paid	Description of Loss

9. Have there been any police calls to the premises in the last 3 years which resulted in a police report being made or an arrest? YES or NO If yes, please provide the following:

Date of Occurrence	Reason for Call	Details

10. Do you contract out any security, crowd control, bouncers, or ID checkers? YES or NO

If yes, do you require them to provide you with evidence of insurance naming you as an additional insured on their general liability policy? YES or NO

11. Is there a dance floor on the premises? YES or NO If yes, approximate square footage: _____

12. Do you provide table service? YES or NO

13. Entertainment (Check if applicable):

DJ/Live Bands – Number of times per week _____

Pool Tables # _____

Mechanical Bulls

Slot/Video Poker Machines # _____

Karaoke – Number of times per week _____

Other entertainment? Explain _____

GENERAL LIABILITY SECTION

General Liability Classification: _____

Limits of Liability Requested					
General Aggregate	Products/Completed Work Aggregate	Personal & Advertising Injury	Per Occurrence	Medical Expense	Fire Legal Liability

Additional Interest:

Name: _____

Interest Type: _____

Mailing Address _____ City _____

County _____ State _____ Zip _____

14. Do you have firearms located on the premises, or any other weapons? YES or NO

If yes, explain: _____

15. Do you sponsor any poker runs? YES or NO If yes, number of times per year? _____

16. Do you sponsor any athletic events or teams? YES or NO If yes, explain: _____

17. Does anyone live on the premises? YES or NO If yes, explain: _____

18. Do you participate in any community or social events outside of the premises? YES or NO

If yes, provide number of times annually, name(s) of the event, and describe your activities:

19. Has any City, County, or State Public Health department assessed any violations, fines, or shut down your operations in the last three years? YES or No

If yes, give details: _____

20. Is there any live entertainment on the premises? Yes No If yes, please describe type and frequency of occurrence:

21. Would you like Umbrella Coverage? If yes, please attach a completed Acord 131 App

22. Would you like Hired/Non Owned Automobile Coverage?: If yes, select from the following coverage limits:

\$300,000 CSL \$500,000 CSL \$1,000,000 CSL

Quote For:

- Excess of driver's insurance policy
 - Excess of primary policy held by this Applicant
- Primary Limit \$ _____ Primary Carrier _____

Annual Sales from Deliveries last year: _____

of full time drivers: _____ # of part time drivers: _____

of total employees: _____

Do you have driver qualification requirements? Yes No

Do you have a driver safety program that includes a cell phone policy, vehicle inspections & accident reporting?

Yes No If yes, please attach policy

OTHER REQUIREMENTS:

Motor Vehicle Records

- MVR should be furnished for each driver at hire and updated every 6 months
- Driver should have *no more than 2* minor violations, *no more than 1* at fault accident in the past 3 years. *No* major violations.
- Driver should have a minimum two (2) year driving history verifiable by MVR or driver’s license.

Personal Auto Insurance

- Driver’s personal auto insurance will be verified at hire and documentation kept on file, state minimum requirements.
- Personal auto insurance will be verified every six months, or at expiration and documentation must be kept on file.

PROPERTY SECTION

23. Named Insured is (check one): Building Owner Lessor Lessee Other (explain) _____

If the name insured is Lessee, provide name and address of the Lessor:

Name: _____ Address: _____

24. Is there a contractual obligation to insure the building in the lease? Yes No (if yes, send copy of lease to company)

(Provide exterior photos of all buildings 25 years and older)

BUILDING LIMIT	CAUSE OF LOSS FORM (SPECIAL, BROAD OR BASIC)	REPLACEMENT COST (special form only), ACTUAL CASH VALUE, MARKET VALUE, OR AGREED VALUE (Market and Agreed Values not available on BOP)	CO-INSURANCE %-80%/90%/ OR 100% (N/A for Market or Agreed Value)	DEDUCTIBLE

BUSINESS PERSONAL PROPERTY LIMIT	CAUSE OF LOSS FORM (SPECIAL, BROAD OR BASIC)	REPLACEMENT COST (special form only) OR ACTUAL CASH VALUE	CO-INSURANCE %-80%,90% OR 100%	DEDUCTIBLE

BUSINESS INCOME LIMIT

MONTHLY LIMIT OF INDEMNITY %	MONTHLY LIMIT DOLLARS
1/4, 1/3, 1/6, 1/12 (not available on BOP)	(BUSINESS INCOME LIMIT X MONTHLY LIMIT %)

OR

PERIOD OF INDEMNITY (available on CP only)
OR
ACTUAL LOSS SUSTAINED (available on BOP only)

Optional Coverages Requested:

Property Enhancement SPRISKA Secure Endorsement SPRISKA Secure Plus Endorsement None

Equipment Breakdown Coverage: Yes No

Sign Coverage: Yes No If yes, limit: _____

Other Coverage: _____ Limit: _____

Additional Interest:

Name: _____

Interest Type: Mortgagee Loss Payee Contract Seller Lessor Other (explain) _____

Mailing Address _____ City _____

County _____ State _____ Zip _____

25. Do you have any outstanding liens, including employment taxes, property taxes, sales tax or vendor payables? Yes No

If yes, explain: _____

26. Year Building Constructed: _____ Total Square Feet: _____

27. Construction Type (list percentage): _____ Frame _____ Joisted Masonry _____ Masonry Non-Combustible _____ Fire Resistive

28. Building Updates: _____ Plumbing _____ HVAC _____ Electrical _____ Roof

29. Public Protection Class Number: _____

30. Distance to Fire Hydrant: _____ Distance to Fire Station: _____

31. Has the buildings electrical service been inspected by a licensed electrical contractor? Yes No

If yes, Date last inspected (MM/YY): _____

Name of licensed electrical contractor: _____

32. Has the building undergone any remodeling in the last ten years? Yes No

If yes, please explain: _____

Are there any uncorrected building code violations, or prior loss control recommendations from previous insurer that have not been corrected? If Yes, Explain: _____

33. Protective Devices:

Sprinkler System? Yes No If yes, percentage of building sprinklered: _____%

Fire Alarm? Yes No If yes, who monitors the alarm? _____

Burglar Alarm? Yes No If yes, who monitors the alarm? _____

34. Number of cooking devices:

Ranges Ovens Deep Fryers Grills Broilers Other (give description & number)

35. Are all cooking surfaces protected by UL300 compliant automatic extinguishing systems? Yes No

If yes, is there a maintenance agreement in place with a qualified contractor? Yes No

If yes, Date last serviced: _____ How often serviced: _____

Name of Company providing maintenance: _____

36. If there is cooking which emits grease laden vapors on the premises, are all hoods and ducts under a maintenance agreement for cleaning by a qualified contractor? Yes No

If yes, Date last serviced (MM/YY): _____ How often serviced: _____

Name of Company providing service: _____

LIQUOR LIABILITY SECTION (Send copy of liquor license to Company)

Licensee Name: _____ License Number _____ License Type _____

Licensee is (check one): Sole Proprietorship Partnership Corporation Limited Liability Corporation
 Joint Venture Other (explain): _____

Limits of Liability Requested: \$150,000/\$300,000 \$300,000/\$600,000 \$500,000/1,000,000 \$1,000,000/\$1,000,000

Building Owner:

Name: _____

Mailing Address _____ City _____

County _____ State _____ Zip _____

Additional Interest (other than Building Owner):

Name: _____

Interest Type: _____

Mailing Address _____ City _____

County _____ State _____ Zip _____

37. Outdoor Service? Yes No

38. Are all employees that serve alcohol required to complete an alcohol intoxication awareness program? Yes No

If no, Explain: _____

39. Has your liquor license been suspended or revoked in the last five years, or has any governmental entity issued any violation, or fine for any actual or alleged breach of any law or regulation governing the sale or service of an alcoholic liquor?

Yes No If yes, provide the name of the governmental entity, date of violation, and an explanation:

40. Approximate percentage of sales derived from packaged liquor? _____ %

41. Does applicant ever sell, serve or furnish alcoholic beverages away from the described premises? Yes No

If yes, please describe (frequency, duration, event name, location)

42. Do you rent your facilities out for special events? Yes

If yes, estimated number of occasions annually and types of events: _____

Do you supply bartenders? Yes No

43. Expiring or target premiums:

Type of Coverage	Expiring Premium	Target Premium
General Liability		
Commercial Property		
Liquor Liability		
Business Owners Policy (BOP)		

I HEREBY REPRESENT AND WARRANT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL OF THE FOREGOING STATEMENTS ARE TRUE AND COMPLETE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE A POLICY, OR POLICIES, FOR WHICH I AM MAKING APPLICATION. I UNDERSTAND THAT IF THE COMPANY ISSUES A POLICY OF INSURANCE THAT THIS APPLICATION WILL FORM A PART OF THE POLICY, OR POLICIES, FOR WHICH I AM MAKING APPLICATION

Signature of Applicant

Title

Date

Note: If you'd like a quote for Workers Compensation please include acord 130 with your submission and our brokerage division will do their best to obtain a competitive quote.