

6. Has any insurance coverage been cancelled, refused, or non-renewed in the last five years?

If yes, please provide the following:

Type of Coverage	Insurer	Reason

7. Has applicant made any claims, or have any claims been filed against applicant under any policy of insurance in the last five years? If yes, provide the following:

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

8. 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?

If yes, please provide the following:

Date of Occurrence	Reason for Call	Details

9. Do you employ security, crowd control, bouncers, or ID checkers? Yes No

If yes, please advise type of security employed and number of times per week they are utilized:

10. Is there a dance floor on the premises? Yes No If yes, approximate square footage: _____

11. 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 _____

PROPERTY SECTION

(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) OR ACTUAL CASH VALUE	CO-INSURANCE % (80%, 90% OR 100%)	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 % (1/4, 1/3, 1/6, OR 1/12)	Monthly Limit Dollars (Business Income Limit X Monthly Limit %)

Optional Coverages Requested:

Property Enhancement Yes No

Sign Coverage Yes No If yes, limit: _____

Other Coverage or Requested Endorsement: _____ Limit: _____

Additional Interest:

Name: _____

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

Mailing Address _____ City _____

County _____ State _____ Zip _____

12. 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: _____

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

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

If yes, explain: _____

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

15. Construction Type (list percentage): Frame _____ Joisted Masonry _____ Masonry _____ Masonry Non-Combustible _____

Modified Fire Resistive _____ Fire Resistive _____ Metal _____

16. Building Updates (year): _____ Plumbing _____ HVAC _____ Electrical _____ Roof _____

17. 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: _____

18. 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? Yes No

If yes, Explain: _____

19. Protective Devices:

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

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

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

20. Number of cooking devices:

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

21. 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: _____
22. 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: _____
23. Automatic gas or electric shutoff present for cooking? Yes No
24. Is there a working K fire extinguisher in kitchen? Yes No

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 _____

25. Do you have firearms located on the premises, or any other weapons? Yes No
 If yes, explain: _____
26. Do you sponsor any poker runs? Yes No If yes, number of times per year? _____
27. Do you sponsor any athletic events or teams? Yes No If yes, explain: _____
28. Does anyone live on the premises? Yes No If yes, explain: _____
29. Do you participate in any community or social events outside of the premises? Yes No
 If yes, provide number of times annually, name(s) of the event, and describe your activities:

30. Has any City, County, or State Public Health department assessed any fines or shut down your operations in the last 3 years? Yes No
 If yes, give details: _____

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

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: _____

Building Owner:

Name: _____

Mailing Address _____ City _____

County _____ State _____ Zip _____

Additional Interest (other than Building Owner):

Name: _____

Interest Type: _____

Mailing Address _____ City _____

County _____ State _____ Zip _____

32. Has your liquor license been suspended or revoked in the last five years, or has any governmental entity threatened to do so? Yes No

If yes, Explain: _____

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

34. 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)

35. Do you rent your facilities out for special events? Yes No
If yes, estimated number of occasions annually: _____

Do you supply bartender? Yes No

36. Are all employees that serve alcohol required to complete an alcohol intoxication awareness program? Yes No
If yes, name of program? _____

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 our brokerage division to quote work comp, please send acord 130 to newbusiness@spriska.com