

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)
<b>OR</b>
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

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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.**