

Bar/Tavern/Nightclub Application

Name Insured (Corp.): _____		DBA (Name): _____		
Location Address: _____				
Street	City	State	Zip	County
Email Address: _____		Web Address: _____		
Current Carrier: _____	Effective/ Renewal Date: _____	Current/Target Premium: _____		
Has current policy been cancelled or non-renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, Describe: _____				

This Owners/Shareholders Information Must Be Entered To Bind Coverage				
Owner's Name (Principal): _____		S.S. No.: _____	DOB: _____	
Home Address: _____				
Street	City	State	Zip	County
Home Phone No.: _____		Business Phone No.: _____		
<i>If more than one owner, list all on back page. All owners/shareholders must complete to bind.</i>				

Business Information				
Applicant is a: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____				
Applicant is a: <input type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Night Club <input type="checkbox"/> Diner <input type="checkbox"/> Banquet Hall <input type="checkbox"/> Social Club				
<input type="checkbox"/> Other (please specify): _____				
No. of Years at this Location: _____		No. of Years in Restaurant/Tavern Business: _____		
If less than three (3) years at this location, list previous experience: _____				
Federal EIN No.: _____		Liquor License No.: _____	Legal Building Occupancy: _____	

Operations Section				
Is applicant open now? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain: _____				
Hours of Operation: From: _____		To: _____	Number of Days Per Week: _____	
Is applicant seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain maintenance, security & hired caretaker operations on Page 5.				
Distance to Ocean or Nearest Body of Water: _____				

Physical Plant Section			
Age of Building: _____	Construction: _____	Protection Class: _____	No. of Stories: _____
Age of Wiring: _____	Age of Plumbing: _____	Age of Heating: _____	Age of Roofing: _____
Roof Shape: <input type="checkbox"/> Flat <input type="checkbox"/> Gable <input type="checkbox"/> Hip			
Roof Cladding: <input type="checkbox"/> Asphalt <input type="checkbox"/> Built-Up <input type="checkbox"/> Sheet/Metal <input type="checkbox"/> Tile/Clay <input type="checkbox"/> Wood Shingle			
Exterior Cladding? <input type="checkbox"/> Wood <input type="checkbox"/> EIFS <input type="checkbox"/> Other: _____			
Other Occupants? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Type of Occupancy: _____			
Smoke Detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Type: <input type="checkbox"/> Battery Power <input type="checkbox"/> Electric			
Fire Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Type: <input type="checkbox"/> Central Station <input type="checkbox"/> Local			
Burglar Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Type: <input type="checkbox"/> Central Station <input type="checkbox"/> Local			
Surveillance <input type="checkbox"/> Yes Inside? <input type="checkbox"/> Yes <input type="checkbox"/> No Outside? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Cameras? <input type="checkbox"/> No Central Monitor? <input type="checkbox"/> Yes <input type="checkbox"/> No Archived for No. of Months: _____			
Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Age: _____ Type of System: <input type="checkbox"/> Wet <input type="checkbox"/> Dry			
Volunteer Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No Distance to: Hydrant: _____ Fire Dept.: _____			
Kitchen Fire Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No			
U.L. Approved Automatic Extinguishing System Under Semi-Annual Contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Above System Covering All Cooking Surfaces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
System Name: _____ <input type="checkbox"/> Wet <input type="checkbox"/> Dry			
Automatic Gas or Electric Shut Offs for Cooking? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hood and Filters Cleaned Weekly by Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hoods and Ducts Over All Cooking Equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hoods and Ducts Maintenance Contract Schedule, Number Per Month: _____			
Fire Extinguishers Tag Dates: _____			
Is Kitchen Sub-Leased? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain: _____			
Table Cooking or Tableside Cooking? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain: _____			

Liability Section			
General Liability Limit (\$): _____		Aggregate (\$): _____	
Liquor Liability Limit (\$): _____		Aggregate (\$): _____	
Is Lessor Risk requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Supply Square Footage: _____ Business Occupant: _____	
Receipts (\$):	Food: _____	Liquor: _____	Admission: _____ Other: _____ Total: _____
Are there apartments? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Number of Units: _____ Owner Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there lodging operations other than apartments? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Describe: _____			

Is there Waitress/Waiter Service? Yes No If Restaurant, Table Seating Capacity: _____
Off Premise Parking? Yes No If Yes, List address & square footage (no. of spaces): _____

Valet Parking by owner? Yes No By Valet Contractor? Yes No If Yes, Include Certificate.
On or Off Premise Catering/Banquet? Yes No If Yes, Total Receipts (%): _____
Any "Teen Nights" or Events open to the public? Yes No If Yes, Describe Events & Operations on Page 5.
Is there a Dock/Wharf? Yes No If Yes, Is there a Water Taxi Service? Yes No

Describe Any Other On or Off Premise
Exposure NOT Listed Above: _____

Operations Section

Are any persons employed as Bouncers, Door Staff, ID Checker, Crowd Control or Security? Yes No
If Yes, Describe Type, Purpose, and Number of Security/Bouncers on Any Shift:

Are any Non-Employee Security Services Hired or Contracted? Yes No
If Yes, Describe Type and Purpose: _____

Are Firearms Kept or Permitted on Premises by anyone other than Police Officers? Yes No
In the last 12 months have any Emergency Services Been Called (Police, Ambulance, Fire)? Yes No
If Yes, Explain: _____

Non-Owned Automobile (Hired Auto Not Available)

Is Non-Owned Automobile Requested? (If Yes, Complete Entire Section) Yes No
Number of Employees: _____ Does Applicant have a Business Auto Policy? Yes No
Any Delivery Use? Yes No List the Business Purposes the Non-Owned Auto will be Utilized for: _____

Claims Section: List ALL Claims for the Past Five (5) Years. If Answered "Yes", Describe Loss.					
Property Claims: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Description:</u> _____					
General Liability Claims: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Description:</u> _____					
Liquor Liability Claims: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Description:</u> _____					
Additional Interests <i>Mortgagees, Additional Insured and Loss Payees are defined as Additional Interests.</i> <input type="checkbox"/> There are Additional Interests listed on this Application and are by this acknowledgement included in the information that is warranted by the signature(s) below. If the box above is not checked, it is understood that there are no Additional Interests to this application.					
Additional Insured for Type Choice	Name: _____ Address: _____ Interest: _____	_____ <i>Street</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
Additional Insured for Type Choice	Name: _____ Address: _____ Interest: _____	_____ <i>Street</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
Additional Insured for Type Choice	Name: _____ Address: _____ Interest: _____	_____ <i>Street</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
Additional Insured for Type Choice	Name: _____ Address: _____ Interest: _____	_____ <i>Street</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
Additional Insured for Type Choice	Name: _____ Address: _____ Interest: _____	_____ <i>Street</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>

Financial Information	
Is Owner or Corporation now or ever involved in: Bankruptcies? <input type="checkbox"/> Yes <input type="checkbox"/> No Foreclosures? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tax Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No Business Failures? <input type="checkbox"/> Yes <input type="checkbox"/> No Any Litigations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Explain: _____	

Additional Owners/Shareholders		
<i>Must be completed and signed by all owners/shareholders to bind.</i>		
Name: _____	S.S. No.: _____	DOB: _____
Name: _____	S.S. No.: _____	DOB: _____
Name: _____	S.S. No.: _____	DOB: _____
Name: _____	S.S. No.: _____	DOB: _____

Fraud Statement
The signing of this application does not bind the Applicant nor any company to complete the insurance, but it is agreed that the information contained herein, and on any additional pages if any, shall be the basis of the acceptance of a contract. It is therefore the warranty of the undersigned that the information contained herein is true and correct, and it is hereby understood that the policy will be warranted based on this information. It is further understood that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Credit Report Authorization	
I hereby authorize Midlands to run any credit reference checks in accordance with the Fair Credit Reporting Act (91-508), should they deem necessary.	
Insured's Signature: _____	Date: _____
Insured's Signature: _____	Date: _____
Insured's Signature: _____	Date: _____
Insured's Signature: _____	Date: _____
MUST BE SIGNED BY ALL OWNERS TO BIND.	
Are you the controlling agent on this account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agent: _____	Producer: _____
Address: _____	Phone No.: _____
	Fax No.: _____
Agent Signature: _____	Email Address: _____
Comments or Notes: _____	