

# OMNIRISK Insurance Brokers

## Bars and Taverns/ Restaurants/ Nightclubs Supplement

COMPLETE IN ADDITION TO ACORD APPLICATIONS

All questions must be answered in full. Application must be signed and dated by the applicant.

### APPLICANT INFORMATION

NAME:
-------

### CLASSIFICATION OF RISK:

- |  |   |                                       |   |                                     |
|--|---|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Banquet facility                    | <input type="checkbox"/> Cabaret Disco          | <input type="checkbox"/> Country club | <input type="checkbox"/> Membership club    | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Bar/Tavern                          | <input type="checkbox"/> Casino/Gambling        | <input type="checkbox"/> Deli/Takeout | <input type="checkbox"/> Nightclub          |                                     |
| <input type="checkbox"/> Bowling center                      | <input type="checkbox"/> Comedy club            | <input type="checkbox"/> Fine dining  | <input type="checkbox"/> Pool/Billiard Hall |                                     |
| <input type="checkbox"/> Bring your own bottle establishment | <input type="checkbox"/> Gentlemen's/Strip club |                                       |   |                                     |
| <input type="checkbox"/> Other: _____                        |   |                                       |   |                                     |

### Are surrounding premises:

- |  |   |                                   |  |                                     |
|--|---|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Downtown district | <input type="checkbox"/> Residential/commercial | <input type="checkbox"/> Rural    | <input type="checkbox"/> Shopping center     | <input type="checkbox"/> Waterfront |
| <input type="checkbox"/> Industrial        | <input type="checkbox"/> Resort                 | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Suburban commercial |                                     |

### Clientele:

- |  |                                   |   |   |   |
|--|-----------------------------------|---|---|---|
| <input type="checkbox"/> Local residents | <input type="checkbox"/> Families | <input type="checkbox"/> Retirement community | <input type="checkbox"/> College students | <input type="checkbox"/> Seasonal residents |
|--|-----------------------------------|---|---|---|

**Percent of clientele:** Ages 25 & under \_\_\_\_%    Ages 26-30 \_\_\_\_%    Ages 31-40 \_\_\_\_%    Ages 41 & over \_\_\_\_%

- a. Are premises located near a college or university?  Yes  No
  - b. Does the applicant have or sponsor any "Teen" or "Under 21 nights, or permit patrons under the age of 21 in a bar area after 11:00 PM?  Yes  No
  - c. If waterfront, does applicant provide boat docking facilities for patrons?  Yes  No
- If **Yes**, how many docking spaces for boats? \_\_\_\_\_

**Is risk located on a vessel?**

Yes  No

### DETAILS OF OPERATION

HOURS OF OPERATION: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">WEEKEND:</td> <td style="width: 50%; text-align: center;">MIDWEEK:</td> </tr> </table>	WEEKEND:	MIDWEEK:	NUMBER OF YEARS UNDER CURRENT MANAGEMENT:			
WEEKEND:	MIDWEEK:					
SEATING CAPACITY: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">DINING AREA:</td> <td style="width: 50%; text-align: center;">LOUNGE/BAR:</td> </tr> </table>	DINING AREA:	LOUNGE/BAR:				
DINING AREA:	LOUNGE/BAR:					
NUMBER OF STAFF- <table style="width: 100%; border: none;"> <tr> <td style="width: 20%; text-align: center;">WAITPERSONS:</td> <td style="width: 20%; text-align: center;">BARTENDERS:</td> <td style="width: 20%; text-align: center;">KITCHEN:</td> <td style="width: 20%; text-align: center;">DOORMEN:</td> <td style="width: 20%; text-align: center;">BOUNCERS:</td> </tr> </table>	WAITPERSONS:	BARTENDERS:	KITCHEN:	DOORMEN:	BOUNCERS:	
WAITPERSONS:	BARTENDERS:	KITCHEN:	DOORMEN:	BOUNCERS:		
AVERAGE MEAL PRICE: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">LUNCH: \$</td> <td style="width: 50%; text-align: center;">DINNER: \$</td> </tr> </table>	LUNCH: \$	DINNER: \$				
LUNCH: \$	DINNER: \$					

**ANNUAL GROSS SALES:**

	PAST TWELVE (12) MONTHS	NEXT TWELVE (12) MONTHS
LIQUOR SALES		
FOOD SALES		
GAMBLING		
CATERING		
OTHER		

**GENERAL INFORMATION**

1. Does applicant have a parking area?  Yes  No  
 If **Yes**, is parking area well lit?  Yes  No
2. Is valet parking provided on premises?  Yes  No  
 If **Yes**, is parking done by insured's employees?  Yes  No  
 If **Yes**, where is Garage Liability Coverage insured? \_\_\_\_\_  
 If **No**, advise by whom: \_\_\_\_\_
3. Are facilities available for use or rent for private parties, receptions, or similar affairs?  Yes  No  
 If **Yes**: Number of times per year: \_\_\_\_\_  
 Describe: \_\_\_\_\_
4. Are any animals, including dogs, allowed on the premises?  Yes  No  
 If **Yes**, please explain: \_\_\_\_\_
5. Is the applicant's premises located in a jurisdiction which permits civil cases to be heard in a Tribal court?  Yes  No
6. Does applicant have Workers' Compensation coverage in force?  Yes  No
7. Does applicant have other business ventures for which coverage is not requested?  Yes  No  
 If **Yes**, explain and advise where insured: \_\_\_\_\_
8. Do you serve any raw shellfish (including oysters) at this location?  Yes  No
9. Does the applicant import any food products?  Yes  No  
 If **Yes**, what percentage of total \_\_\_\_\_% and please describe items: \_\_\_\_\_
10. Does the applicant package, repackage, or label any items for sale?  Yes  No  
 If **Yes**, please describe: \_\_\_\_\_
11. Have there been any health code violations in the past 3 years?  Yes  No  
 If **Yes**, please explain: \_\_\_\_\_
12. Is the property seasonal?  Yes  No  
 If **Yes**, months closed: \_\_\_\_\_

**PROPERTY INFORMATION**

13. Are there any apartments or other type of occupancies in the building?  Yes  No
14. Is the plumbing completely PVC or Copper?  Yes  No
15. Does the applicant have generators in place to protect stock in the event of a power outage?  Yes  No
16. Is smoking permitted on the premises?  Yes  No  
 If **Yes**, is it confined to designated areas?  Yes  No
  - a. Hookah exposure (Communal smoking)?  Yes  No
  - b. Are ashtrays emptied into self-closing fire resistant receptacles?  Yes  No
17. Maintenance of building is:  Good  Average  Poor
18. Housekeeping is:  Good  Average  Poor

**COOKING EXPOSURES-** If no cooking, check here:

19. Cooking equipment used (Mark all that apply and list number used in facility):

- Oven # \_\_\_\_\_  Commercial Ranges # \_\_\_\_\_  Deep fat fryers # \_\_\_\_\_  BBQ Pit # \_\_\_\_\_  
 Grills # \_\_\_\_\_  Tableside cooking # \_\_\_\_\_  Microwave  Other: \_\_\_\_\_

Type or Brand: \_\_\_\_\_ Distance from building: \_\_\_\_\_ ft.

20. Are customers allowed to cook their own food?  Yes  No  
21. Is vegetable oil used in cooking?  Yes  No  
22. Grease chute for grill?  Yes  No  
If **No**, how is grease discarded? \_\_\_\_\_  
23. Are there thermostats on deep fryers?  Yes  No  
24. Are the ducts and hoods cleaned regularly by an outside contractor?  Yes  No  
If **Yes**, provide the frequency of service: \_\_\_\_\_  
25. Are ducts and hoods equipped with filters?  Yes  No  
If **Yes**, how often are they cleaned? \_\_\_\_\_  
26. Is the exhaust fan located outside the duct?  Yes  No  
If **Yes**, is it installed with safe clearance?  Yes  No  
Are the light bulbs in the hood covered?  Yes  No  
27. Do automatic extinguishing systems protect all hoods, ducts and deep fat fryers?  Yes  No  
If **Yes**, what type of system is in place?  Wet  Wet & UL300 Compliant  Dry  
28. Are deep fat fryers located more than 16" from an open flame?  Yes  No  
29. Are automatic extinguishing systems inspected on a regular basis?  Yes  No  
If **Yes**, how often: \_\_\_\_\_  
30. Automatic gas or electric shut off for cooking with manual pull?  Yes  No  
31. Are manually operated fire extinguishers located near flammable areas?  Yes  No  
How many? \_\_\_\_\_  
If **Yes**, are they tagged and inspected annually?  Yes  No  
32. Are there functioning smoke or heat detectors used in all public areas?  Yes  No

**SAFETY & SECURITY**

33. Is there more than one means of egress from the premises?  Yes  No  
34. Are the means of egress clearly marked and kept unlocked during business hours?  Yes  No  
35. Are employees trained for evacuation?  Yes  No  
36. Emergency lighting in all common areas (including stairwells)?  Yes  No  
37. Are police records and background checks conducted on employees?  Yes  No  
38. Security/crowd management control: (Check all that apply)  
 Security is armed  
 One person per shift at each insured location has principal responsibility for security  
 Only the staff members specifically hired for security duties are involved in such  
 All staff members have security control duties  
 All or a portion of your security tasks are subcontracted. If so:  
• What parts of security operations are subcontracted? \_\_\_\_\_  
• What hours/days per week are subcontractors used? \_\_\_\_\_  
• Do you require subcontractors to provide you with evidence of insurance naming you as additional insured, with advanced notice of cancellation?  Yes  No  
• If **Yes**, would you provide copy such when requested?  Yes  No  
• Does applicant engage off duty officers for work in or about the premises?  Yes  No  
39. What hiring criteria do you use for security staff? \_\_\_\_\_  
40. Video security?  Yes  No  
41. Does applicant have a written Sexual Harassment policy?  Yes  No

42. Have there ever been any Assault & Battery incidents reported in the past three years at this location(s) to be insured? This would include any police calls to the premises.  Yes  No  
 If **Yes**, please advise the location address; month/year the incident occurred; and the nature of the incident and injuries: \_\_\_\_\_

**ENTERTAINMENT**

43. Is there any live entertainment on premises?  Yes  No  
 If **Yes**: Number of time per week: \_\_\_\_\_

Type of Music:  Country  Rock  Hip Hop  Rap  Jazz  Classical  Other: \_\_\_\_\_

44. Is there dancing?  Yes  No  
 If **Yes**: Number of times per week: \_\_\_\_\_

Square footage of dance floor: \_\_\_\_\_

How often is the floor inspected for slip and fall hazards? \_\_\_\_\_

Is the floor raised?  Yes  No

45. Does applicant have any mechanical or amusement devices?  Yes  No

If **Yes**: How many? \_\_\_\_\_

Describe: \_\_\_\_\_  
 \_\_\_\_\_

46. Does applicant have any of the following exposures:

- a) Alcohol without liquid (AWOL)  Yes  No
- b) Firearms  Yes  No
- c) Oxygen Bar  Yes  No
- d) Ultimate fighting or "Rage in the cage" contests  Yes  No
- e) Moon bounces, Trampolines, or Rock walls  Yes  No
- f) Swimming pools  Yes  No
- g) Pyrotechnics, Foam machines or GERBS (A professional term for a fountain-style effect that produces a spray of bright sparks)  Yes  No

47. Is there a cover charge?  Yes  No

48. Are there sports on the premises?  Yes  No

If **Yes**: Provide complete details: \_\_\_\_\_  
 \_\_\_\_\_

49. Are sports sponsored off premises?  Yes  No

If **Yes**: Number of times per week: \_\_\_\_\_

Give details: \_\_\_\_\_  
 \_\_\_\_\_

50. Does applicant sponsor any special events?  Yes  No

If **Yes**: Describe: \_\_\_\_\_  
 \_\_\_\_\_

51. Is there any gambling?  Yes  No

If **Yes**: Are there any "live" dealers?  Yes  No

Number of gambling machines? \_\_\_\_\_

52. Is there a play area for children?  Yes  No

If **Yes**, please describe: \_\_\_\_\_  
 \_\_\_\_\_

**53. Additional Insured Information**

NAME	ADDRESS	INTEREST

**APPLICANT'S WARRANTY STATEMENT**

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

**FRAUD STATEMENT**

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 a crime and may be subject to fines and confinement in prison.

Signature of Applicant \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant ; and that the undersigned is retaining a duplicate signed copy hereof.**

Signature of Retail Agent \_\_\_\_\_ Date: \_\_\_\_\_