

MUSIC Restaurant/Bar/Tavern Supplemental Application

Applicant's Name _____

Agent Name _____

DBA _____

Address _____

Mailing Address _____

Proposed Effective Date:

Web Address _____

From _____ To _____

(12:01 am Standard Time at the address of the Applicant)

States of Operation _____

Applicant is:

Number of Locations _____

 Individual

 Joint Venture

Years of Experience _____ years

 Corporation

 LLC

Years doing business under current name _____ years

 Partnership

 Other

Limits of Liability Requested	
Each Occurrence	\$
Personal & Advertising Injury	\$
Products & Completed Operations Aggregate	\$
General Aggregate	\$
Fire Legal (any one premise)	\$
Medical Expense (any 1 person)	\$
Other Coverages, Restrictions, or Endorsements requested:	
Deductible \$	BI/PD per Claim - LAE

Description of Operations _____

Account Revenue Projections and History

Year	Food Revenue	Liquor Revenue	Entertainment/Admission Revenue
Next 12 Months			
Prior Year			
Prior Year			

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Prior Year			
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Prior Carrier Information

	Year:	Year:	Year:	Year:	Year:
Carrier					
Premium					
Deductible					
Premium Base					

Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

General Information

Number of Stories: _____ Construction: _____ Protection Class: _____ Year Built: _____

Year Updated: Heating _____ Electrical _____ Plumbing _____ Roof _____

Cooking Controls: Ansul System Yes No Service Agreement in place? Yes No

Is the building sprinklered? Yes No Are there smoke alarms? Yes No

What is square footage of the Establishment? _____ What is the max occupancy? _____

The Establishment is:
 (please select all that apply) Family Style Fine Dining Buffet Style Bar/Tavern Nightclub

Is this a franchise? Yes No Are all employees properly trained to serve liquor (TIPS)? Yes No

What is the average age group of their customers(%): Under 25 _____ 25-35 _____ 35+ _____

Is there a dance floor? Yes No If yes, how big? _____ Square Feet

Does the Establishment provide any entertainment (Band, DJ, Karaoke, etc)? Yes No

If yes, please explain: _____

Are any concerts or shows played at this location? Yes No Are patrons allowed to bring their own liquor (BYOB)? Yes No

Does Applicant employ security? Yes No Is the security armed? Yes No

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Does Applicant hire any independent contractors? Yes No

In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to the applicant? Yes No

Is the applicant aware of any events that have occurred prior to the proposed effective date of this policy that may result in a claim? Yes No

If yes, please describe.

Hours of Operation

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Entertainment Provided?							

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature _____ Date _____

Agents Signature _____ Date _____