



## RESTAURANT, BAR & TAVERN SUPPLEMENTAL APPLICATION

First Named Insured \_\_\_\_\_

1. Type of business:  \*Restaurant  Night Club  Banquet Facility  
 Bar/Lounge  Cafeteria  Other \_\_\_\_\_

2. Seating capacity: \_\_\_\_\_ TOTAL \_\_\_\_\_ Dining Area \_\_\_\_\_ Bar/Lounge Area

3. Do you have dancing?  Yes  No If yes: Dance floor area \_\_\_\_\_  
 Type of music played \_\_\_\_\_  
 Are floor shows or other live entertainment provided?  Yes  No  
 If yes, describe. \_\_\_\_\_

4. Do you serve alcoholic beverages?  Yes  No  
 If yes: Percent of total sales for alcohol \_\_\_\_\_ %  
 Do you have a happy hour?  Yes  No  
 Are there written and enforced policies for intoxicated customers?  Yes  No

5. Do you employ or use security guards or bouncers?  
 If yes: Are they:  Employees  Contracted Labor  
 Do they carry weapons?  Yes  No  
 Have they been trained on alternative uses of force, regulations and laws?  Yes  No  
 If contracted labor, do you require them to carry:  General Liability Coverage  
 Workers Compensation Coverage  
 Do you require certificates of insurance?  Yes  No  
 Limits of liability required \_\_\_\_\_

6. Type of clientele:  Blue Collar  Rural/Country  Middle-age  Singles  
 White Collar  College Students  Families  \_\_\_\_\_

7. Average age of clientele:  18 - 25  26 - 35  Over 35

	Yes	No
8. Have you ever had the following:		
Liquor liability claims	<input type="checkbox"/>	<input type="checkbox"/>
Liquor violations	<input type="checkbox"/>	<input type="checkbox"/>
Suspended/revoked liquor license	<input type="checkbox"/>	<input type="checkbox"/>
Assault or battery incidents	<input type="checkbox"/>	<input type="checkbox"/>

9. Do you have mechanical or amusement rides?  Yes  No  
 If yes, describe. \_\_\_\_\_

10. Do you have any recreational facilities?  Yes  No  
 If yes, describe. \_\_\_\_\_

**\*To be classified as a restaurant, the liquor sales must be less than 35% of total receipts.**