



# United States Liability Insurance Group

## Bar and Tavern / Restaurants / Private, Social or Fraternal Club

### APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

**General Information \* Our Liquor Liability Warranty Application (LLA) is required for a Liquor Liability quote. \***

1. Name: \_\_\_\_\_ D/B/A: \_\_\_\_\_  
 Sole Proprietorship     Partnership     Corporation     Other \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Location Address: \_\_\_\_\_  
 If you have a website, include your website address: \_\_\_\_\_
4. Building Interest     Owner     Tenant     Part occupied \_\_\_\_\_ %
5. Mortgagee: \_\_\_\_\_
6. Loss Payable: \_\_\_\_\_ Interest: \_\_\_\_\_
7. Additional Insured: \_\_\_\_\_ Interest: \_\_\_\_\_
8. Business of Applicant     Bar/Tavern     Restaurant     Private, Social or Fraternal Club     Casino  
 Banquet Hall     Other, Describe \_\_\_\_\_
9. Inspection Contact Name and Number \_\_\_\_\_
10. Years of Management Experience \_\_\_\_\_ Years at this Location under current management \_\_\_\_\_
11. Has applicant ever been involved in bankruptcy, liquidation or had property liens?     Yes     No    If Yes, explain: \_\_\_\_\_
12. Has applicant ever been convicted of a felony?     Yes     No    If Yes, explain: \_\_\_\_\_
13. Prior Carrier:    Company \_\_\_\_\_    Expiring Prem.\$ \_\_\_\_\_
14. Has insurance ever been declined, cancelled or non-renewed?     Yes     No    If Yes, explain: \_\_\_\_\_

**Property Information**

15. Is the property eligible according to United States Liability Insurance Group Coastal Guidelines?     Yes     No
16. Is the property seasonal? .....  Yes     No    If yes, months closed \_\_\_\_\_
17. Age of Building \_\_\_\_\_    18. Number of Stories \_\_\_\_\_
19. Electrical system checked by qualified electrician? . . . .  Yes     No    If yes, when? \_\_\_\_\_
20. Is the electrical system connected to circuit breakers? . . .  Yes     No    If No, Decline
21. Does the electrical system have aluminum wiring? . . . .  Yes     No    If Yes, Decline
22. Heating system checked by a qualified contractor? . . . .  Yes     No    If yes, when? \_\_\_\_\_
23. Type of roof? .....  Flat     Pitched
24. Roof Updated, yr. \_\_\_\_\_    Electrical Updated, yr. \_\_\_\_\_    Plumbing Updated, yr. \_\_\_\_\_    Heating Updated, yr. \_\_\_\_\_
25. Is the plumbing completely PVC or Copper (No Iron or Lead)? . . . . .  Yes     No
26. Is there evidence of water damage, broken windows, or breaks in pavements or floor? \_\_\_\_\_
27. Any "special" hazards (raised walks, street elevators, etc.)? \_\_\_\_\_
28. Vacancies in building     Yes     No    If Yes, \_\_\_\_\_ %
29. Are there smoke detectors in all common and mechanical equipment areas?     Yes     No
30. Burglar Alarm     Local     Central Station (Attach Copy for Alarm Credit)
31. Fire Protection     Sprinklers     Local Fire Alarm     Central Station Fire Alarm     Annually Serviced Fire Extinguisher (s)

**Limits/Rating Information**

32. Deductible     \$1,000     \$2,500     \$5,000
33. Total Area \_\_\_\_\_    Protection Class     1-6     7-8     9-10
34. Construction \_\_\_\_\_     Actual Cash Value     Replacement Cost
35. Building Limit \$ \_\_\_\_\_    Coins. % \_\_\_\_\_ (80% min)
36. Contents Limit \$ \_\_\_\_\_    Coins. % \_\_\_\_\_ (80% min)
37. Business Income Limit \$ \_\_\_\_\_    Coinsurance \_\_\_\_\_ % or Monthly Limitation (No coins)     1/3     1/4     1/6
38. Cause of Loss:     Basic     Special/excluding theft     Special (Requires a central station burglar alarm)

**Optional Coverages**

39. Money & Securities (Special only) \$ \_\_\_\_\_ Inside    \$ \_\_\_\_\_ Outside (\$500 Standard Deductible)
40. Burglary & Robbery (Basic only) \$ \_\_\_\_\_ Inside    \$ \_\_\_\_\_ Outside (\$500 Standard Deductible)
41. Outdoor Signs \$ \_\_\_\_\_    42. Exterior Glass Linear Ft. \_\_\_\_\_
43. Equipment Breakdown     Yes     No    (Coverage requires a maintenance contract for all Refrigeration units)

**Cooking Supplement**

44. Describe Cooking Equipment used:     Deep Fat Fryers     Grills     Open Flame     Oven  
 Barbeque Pit/Charcoal grill     Smoker     Other \_\_\_\_\_  
 Describe any outside cooking \_\_\_\_\_    Distance from building \_\_\_\_\_
45. Is the cooking area, hood and duct system protected per NFPA 96 (ansul, extinguishing system)?     Yes     No
46. Is there a cleaning contract in force with an outside firm?     Yes     No  
 Frequency of cleaning \_\_\_\_\_    Date last serviced \_\_\_\_\_
47. Type of Extinguishing system?     Wet     Dry

**Commercial General Liability**

48. General Aggregate \$ \_\_\_\_\_ Fire Damage (Any one fire) \$ \_\_\_\_\_  
 Products and Completed Operations Aggregate \$ \_\_\_\_\_ Medical Expense (Any one person) \$ \_\_\_\_\_  
 Each Occurrence \$ \_\_\_\_\_ Personal and Advertising Injury \$ \_\_\_\_\_  
 GL Deductible (BI/PD) \$ \_\_\_\_\_

49. GL ISO Territory # \_\_\_\_\_  
 50. Total Receipts \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ On Alcohol Receipts \$ \_\_\_\_\_ Off Alcohol Receipts \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_ (from what source?) \_\_\_\_\_

a. Do you have table seating?  Yes  No c. Any tableside cooking/preparation?  Yes  No  
 b. Do you have table service?  Yes  No d. Average price if a dinner entree? \$ \_\_\_\_\_

51. Normal Hours of Operation: Mon-Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_  
 52. Are there any other occupancies in the building?  Yes  No If Yes, advise to type, number of units, area \_\_\_\_\_

53. Any Board of Health violations?  Yes  No If Yes, describe: \_\_\_\_\_  
 54. Are maximum occupancy rules followed?  Yes  No If No, Decline  
 55. Are there two means of egress?  Yes  No If No, Decline

56. **Entertainment** Yes No  
 a. Is there dancing?   If Yes, size of dance area? \_\_\_\_\_ # of nights \_\_\_\_\_  
 b. Is there entertainment?   If Yes, describe below/how often? (number of times a week) \_\_\_\_\_  
 DJ  Jukebox/Karaoke  Disco  Rap  Stage Floor Show  Adult Night Club  Solo Vocalist  
 Band/# Members \_\_\_\_\_  Stage Floor Show  Comedy  Other /Describe \_\_\_\_\_  
 c. Any Nationally known acts?   If Yes, Decline  
 d. Bouncers/Security/Doorman?    
 e. Any firearms on the premises?    
 f. Any mechanical rides or devices?   If Yes, how many and describe? \_\_\_\_\_  
 g. Any amusement devices?   If Yes, what type/how many? \_\_\_\_\_  
 (pool tables, shuffleboard, pinball, video, etc.)  
 h. Any athletic activities, sponsored teams or special events  Yes  No If yes, describe \_\_\_\_\_

57. Does the applicant have a valid Liquor License?  Yes  No  
 58. Has applicant ever been fined or cited for violations of a law or ordinance relating to the sale of alcohol?  Yes  No  
 If Yes, advise as to date and describe \_\_\_\_\_  
 59. Clientele? (check all that apply)  Teen or under 21 nights  Located on or near a college campus  
 Average age under 25 years  Average age 26-35  Average age over 35

**Clubs (VFW, Elks, Fraternal, Social)**

60. Annual Membership this year \_\_\_\_\_ Five years ago \_\_\_\_\_ Ten years ago \_\_\_\_\_  
 61. Does the club own or lease a building?  Yes  No If Yes, total sq. ft. \_\_\_\_\_  
 62. Annual sales for all the following: Membership Fees \_\_\_\_\_ Alcohol sales \_\_\_\_\_ Food Sales \_\_\_\_\_  
 Facility fees \_\_\_\_\_ Est. Number of days rented per year \_\_\_\_\_

*Attach a separate list of all on and off premise events. Include dates, location, description, attendance and entertainment.*

Loss History (5 yr.) <input type="checkbox"/> None	Type (GL, Prop.)	Reserved or Paid	Open/Closed
Date of Incident	and Loss Description	Amount	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Fraud Statement:** Any person who knowingly and with the 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.

**Applicant's Warranty Statement.** I have read this application, and I declare that to the best of my knowledge and belief all of the foregoing statement are true and accurate, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. I agree that this application will be made a part of the policy; should the Company evidence the acceptance of this application by issuance of a policy.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.  
 Name of Authorized Agent or Broker. \_\_\_\_\_  
 Address. \_\_\_\_\_

Mail Completed Application  
 Through Local Agent or Broker to: