



\*Please visit [www.allrisks.com/submit-a-risk](http://www.allrisks.com/submit-a-risk) or contact your current All Risks, Ltd. producer to submit applications.

### Hospitality Application

Type of Application:  New  Renewal

Expiring Policy #: \_\_\_\_\_

- Need quote for:
- GENERAL LIABILITY ONLY
  - LIQUOR LIABILITY ONLY
  - GENERAL LIABILITY & LIQUOR LIABILITY
  - PACKAGE (GL, LIQUOR LIABILITY & PROPERTY)

Surplus Lines Producer: \_\_\_\_\_

City/State: \_\_\_\_\_

Contact: \_\_\_\_\_

Need quote by: \_\_\_\_\_ Desired Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_

GL Limit requested:	<input type="checkbox"/> \$300,000/\$600,000	<input type="checkbox"/> \$500,000/\$1 Mil	<input type="checkbox"/> \$1 Mil / \$2 Mil			
Liquor Limit requested:	<input type="checkbox"/> \$100,000/\$100,000	<input type="checkbox"/> \$250,000/\$250,000	<input type="checkbox"/> \$300,000/\$300,000	<input type="checkbox"/> \$500,000/\$500,000	<input type="checkbox"/> \$1 Mil / \$1 Mill	<input type="checkbox"/> \$1 Mil / \$2 Mil
A&B Limit requested:	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1 Mil

#### APPLICANT INFORMATION

- Applicant: \_\_\_\_\_ DBA: \_\_\_\_\_  
*(Legal Entity Name)*
- Mailing Address: \_\_\_\_\_
- Location Address: \_\_\_\_\_
- Loss Control Contact: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_
- Website Address: \_\_\_\_\_
- Type of Entity:  Corporation  Individual  Partnership  Joint Venture  LLC FEIN/Social Security Number: \_\_\_\_\_
- Is the applicant a member of the National Restaurant Association or similar professional organization?  Yes  No
  - If yes, which organization? \_\_\_\_\_

#### GENERAL OPERATIONS INFORMATION

- Description of Operations:
  - Restaurant  Pub/Tavern  Sports Bar  Piano/Martini Bar  Jazz/Blues Club
  - Comedy Club  Dance/Night Club  Adult club  Other \_\_\_\_\_
- Hours & Days of Operation: \_\_\_\_\_
- Maximum Capacity: Bar: \_\_\_\_\_ Dining: \_\_\_\_\_ Patio: \_\_\_\_\_
- Date business started under current ownership: \_\_\_\_\_
- Number of years experience managing or owning this type of operation: \_\_\_\_\_
- Number of employees: Mgt \_\_\_\_\_ Bar \_\_\_\_\_ Host \_\_\_\_\_ Wait \_\_\_\_\_ Kitchen \_\_\_\_\_ Security \_\_\_\_\_
- Does the applicant own/operate any other businesses? If so, describe: \_\_\_\_\_
- Does the applicant have or sponsor any Teen or "Under 21 nights", or permit customers under the age of 21 in the bar area?  Yes  No
- If Adult club is full nudity allowed?  Yes  No
- Do you offer table seating?  Yes  No Do you have table service?  Yes  No
- Is there any cooking at customer's tables?  Yes  No
- Median Age of Patrons: 18-25 \_\_\_% 25-30 \_\_\_% 30-40 \_\_\_% 40 and over \_\_\_%
- Is there sponsorship of any sports teams or special events?  Yes  No
  - If Yes, please describe: \_\_\_\_\_
- Does the Applicant import any food products?  Yes  No
  - If Yes, what percentages of total \_\_\_% and please describe items: \_\_\_\_\_
- Does the Applicant package, repackage, or label any items for sale?  Yes  No
  - If Yes, please describe: \_\_\_\_\_
- FINE DINING ESTABLISHMENTS**
  - Is the average entrée price greater than \$20.00?  Yes  No
  - Is the average bottle of wine price greater than \$30.00?  Yes  No
  - Is the number of bottles on the wine list greater than 10?  Yes  No
- Do college students frequent the Applicant's establishment?  Yes  No If yes, what % do they comprise of the Applicant's evening clientele? \_\_\_%

Provide Applicant's annual sales for food and all alcoholic beverages (liquor, beer, and wine) below:

	Alcohol On-Premises Sales	Alcohol Take-Out Sales	Food Sales	Other Sales*	Total Sales
Next 12 months	\$	\$	\$	\$	\$
Past 12 months	\$	\$	\$	\$	\$

\*Describe other sales (i.e. catering, gaming, admissions – if catering provide breakout between food & alcohol): \_\_\_\_\_

If there are on-premises and take-out alcohol sales, does the Applicant keep separate sales records for on-premises and take-out alcohol sales?  Yes  No

**PREMISE SAFETY INFORMATION**

1. Do you have a building maintenance program?  Yes  No
2. Is the building sprinklered?  Yes  No
3. Are all exits properly marked and lighted?  Yes  No
4. Do you currently or have you ever padlocked or chained doors closed at any time?  Yes  No
5. Do you use padlocks or chains to secure any doors after hours?  Yes  No
6. Do emergency exits have a release inside regardless of time of day or night, that will allow people to exit in case of emergencies?  Yes  No
7. Do you have exit door releases that sound an alarm if opened (emergency exits)?  Yes  No
8. Is a secondary means of egress (exits) provided for each floor having public access?  Yes  No
9. Does the applicant have and practice an evacuation plan?  Yes  No
10. Does the Applicant have generators in place to protect stock in the event of a power outage?  Yes  No
11. Are all smoke detectors properly maintained?  Yes  No
12. Is there a fire extinguishing system in the kitchen?  Yes  No
13. Are there any apartments or other type of occupancies in the building?  Yes  No
14. Does the kitchen have a deep fat fryer? If so, is it protected by an automatic fire extinguishing system?  Yes  No
  - Is this system UL 300/NFPA compliant?  Yes  No
  - Is system wet?  Yes  No
  - Is this system equipped with automatic fuel shutoffs?  Yes  No
15. Is a cleaning of the hood and duct system performed at least every 6 months?  Yes  No
  - Is the hood and duct system cleaned by an outside contractor?  Yes  No
  - Does the Applicant receive a certificate of insurance from the contractor?  Yes  No
16. Is the kitchen equipped with UL listed grease extractors?  Yes  No
17. What is the frequency of cleaning of the grease extractors?  Yes  No
 

Weekly     Monthly     Annually     Other: \_\_\_\_\_
18. Does the applicant have any mechanical rides, climbing walls, foam machines or inflatables?  Yes  No
19. Does the applicant conduct any physical contests or events inside or outside the facility?  Yes  No
20. Is the risk located on a beach, vessel, dock or pier?  Yes  No
21. Has the applicant ever been cited for building code, health or liquor violations?  Yes  No
  - If yes, describe citation: \_\_\_\_\_
22. Does the Applicant perform regular sweeping/mopping and/or floor inspections? Are logs kept for all cleaning operations?  Yes  No
23. Is there a sanitation manager employed with proper hygiene procedures established?  Yes  No
24. Does the Applicant contract pest control services?  Yes  No
25. Does the Applicant contract snow/ice removal?  Yes  No
26. Does the Applicant receive certificates of insurance from all contractors, subcontractors and suppliers?  Yes  No
27. Is the parking lot maintained and does it have adequate lighting?  Yes  No
  - If parking lot is under the insured's control, please provide the total area: \_\_\_\_\_

**ENTERTAINMENT INFORMATION** (If applicant has more than 1 location, specify location number applicable to each form of entertainment)

1. Does Applicant have entertainment?  Yes  No If yes, check ALL that are applicable below:
  - Juke Box  DJ; # of days per week: \_\_\_\_\_  Karaoke; # of days per week: \_\_\_\_\_  Solo musician/vocalist; # of days per week: \_\_\_\_\_
  - Exotic/go-go dancers/adult entertainment  Stage/floor show or contests; describe: \_\_\_\_\_
  - Live Band; # of days per week: \_\_\_\_\_  Other; describe: \_\_\_\_\_
2. If the Applicant has bands or DJs as part of the entertainment, are pyrotechnics allowed?  Yes  No
3. Type of music:  Top 40  Country  Classic Rock & Roll  Soft Rock  Jazz  Alternative  Rap  R&B  Disco
  - Background/Ambiance Music  Other: \_\_\_\_\_
4. Is dancing allowed?  Yes  No If yes, # of days per week: \_\_\_\_\_ Size of dance floor: \_\_\_\_\_ square feet
5. How often is the floor inspected for slip and fall hazards? \_\_\_\_\_ Is the floor raised?  Yes  No
  - If Yes, does it have a railing around the entire floor?  Yes  No
6. Does the Applicant have any of the following?
  - Yes  No - Pool Tables If yes, number of Pool Tables: \_\_\_\_\_
  - Yes  No - Arcade Games If yes, number of Arcade Games: \_\_\_\_\_
  - Yes  No - Gambling Machines If yes, number of Gambling Machines: \_\_\_\_\_
  - Yes  No - Mechanical Riding Machines If yes, describe: \_\_\_\_\_
  - Yes  No - Sports Facilities on premises i.e. volleyball, softball, basketball, swimming pool, etc. If yes, describe: \_\_\_\_\_

**LIQUOR LIABILITY INFORMATION**

1. Name of Liquor License Holder & License Number: \_\_\_\_\_
2. Lowest Beer price offered, not including happy hour or other promotions (check only one):  \$1-\$1.99  \$2-\$4.99  \$5+
3. Lowest Liquor/Wine price offered, not including happy hour/promotions (check only one):  \$1-\$2.99  \$3-\$5.99  \$6+
4. Are alcohol discounts cheaper than 50% off or 2 for 1?  Yes  No If yes, explain: \_\_\_\_\_
5. Within the past 5 years, has Applicant had a liquor license suspended or revoked or been fined/cited for violations of a law or ordinance related to the sale of alcohol (sales after hours, sales to minors, etc.)?  Yes  No If yes, # of times & explanation for each: \_\_\_\_\_

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6. Measures in place to prevent future incidents: \_\_\_\_\_
7. Does the Applicant require all alcohol serving or selling employees be certified by a formal alcohol-awareness training program?  Yes  No
  - If yes, give the name of the training program (BEST, RAMP, TIPS, TAM, etc.): \_\_\_\_\_
8. Does the Applicant have procedures in place to regulate the sale of alcohol to intoxicated customers and to minors?  Yes  No
9. Are the Applicant's employees required to check age identification of customers who appear to be under the age of 25?  Yes  No
10. Does the Applicant allow customers to order more than one drink at last call?  Yes  No
11. Does the Applicant allow employees or independent contractors to consume alcohol on the premises while on the job?  Yes  No
12. Does the Applicant have a drive-through operation for the sale of alcohol?  Yes  No
13. Does or will the Applicant ever offer bottle service or set-ups?  Yes  No
14. Does or will the applicant ever offer?
  - a. Any drink specials/happy hours?  Yes  No
    - If yes: # of days per week: \_\_\_\_\_
  - b. Drink specials/happy hours lasting longer than 3 hours?  Yes  No
  - c. Drink specials/happy hours after 9:00pm?  Yes  No
  - d. Single drink servings larger than 24 ounces?  Yes  No
  - e. Complimentary drinks?  Yes  No
  - f. "All you can drink" specials?  Yes  No
  - g. "Flaming shots"  Yes  No
  - h. Vaporized Alcohol  Yes  No
  - i. Nitrogen Drinks  Yes  No
  - j. Are IDs checked at the door or at the time of service?  Yes  No
  - k. Are electronic devices used to verify integrity of ID presented?  Yes  No
15. Is BYOB permitted?  Yes  No
  - If yes, does the establishment have a wait staff that actively monitors all alcohol consumption, and requests a valid ID from all patrons?  Yes  No

- Are patrons permitted to bring hard alcohol on the premises?  Yes  No

**SECURITY INFORMATION**

1. Does the Applicant use bouncers, I.D. checkers or security personnel?  Yes  No If yes, how many are used during peak periods? \_\_\_\_\_
2. Does applicant hire any contracted security service?  Yes  No
  - If yes, are certificates of insurance obtained and the applicant named as an additional insured?  Yes  No
3. Are background checks completed on all security employees?  Yes  No
4. Does the applicant engage off duty police officers for work in or about the premises?  Yes  No
5. Are firearms permitted or kept on premises?  Yes  No
6. Are incident logs documenting when a person was refused service or other alcohol related events maintained?  Yes  No
7. Do you have video surveillance?  Yes  No If Yes, how many days do you keep the video tapes? \_\_\_\_\_

**AUTOMOBILE INFORMATION**

1. Is Hired and Non Owned Auto Coverage Requested?  Yes  No
  - What limit of insurance is requested? \_\_\_\_\_
2. Are there any catering operations?  Yes  No
3. Does the Applicant do any delivery?  Yes  No
4. If Yes to question 2 or 3, are there any employee personal vehicles used?  Yes  No
  - # of personal vehicles used: \_\_\_\_\_
5. Does Applicant regularly review all driver's motor vehicle records for acceptability?  Yes  No
6. Does the Applicant have valet parking services?  Yes  No
  - If yes, is parking performed by a valet contracted service?  Yes  No
  - Are certificates of insurance obtained and is the applicant named as an Additional Insured?  Yes  No

**PROPERTY SECTION** (please complete if property coverage is requested)

1. Building Limit: \$ \_\_\_\_\_ RC or ACV: \_\_\_\_\_ Coinsurance: \_\_\_\_\_%
2. Contents: \$ \_\_\_\_\_ RC or ACV: \_\_\_\_\_ Coinsurance: \_\_\_\_\_%
3. Tenant Improvements & Betterments: \$ \_\_\_\_\_ RC or ACV: \_\_\_\_\_ Coinsurance: \_\_\_\_\_%
4. Sign: \$ \_\_\_\_\_ RC or ACV: \_\_\_\_\_ Coinsurance: \_\_\_\_\_%
5. Business Income: \$ \_\_\_\_\_ at \_\_\_\_\_ Monthly Indemnity
6. Other: \_\_\_\_\_
7. Deductible Requested (\$1000 min.): \$ \_\_\_\_\_
8. Construction: \_\_\_\_\_ Year Built: \_\_\_\_\_ Protection Class: \_\_\_\_\_ Square Footage of Building: \_\_\_\_\_ Number of Stories: \_\_\_\_\_
  - a. Updates: Roof: \_\_\_\_\_ (year) Plumbing: \_\_\_\_\_ (year) Heat: \_\_\_\_\_ (year) Electric: \_\_\_\_\_ (year)
  - b. Exposures: (right) \_\_\_\_\_ (left) \_\_\_\_\_ (rear) \_\_\_\_\_
  - c. Is premises near or on the water?  Yes  No If yes, please include distance \_\_\_\_\_ (feet/miles)
  - d. Smoke Detectors  Yes  No
  - e. Sprinkler Systems  Yes  No If yes, what percent? \_\_\_\_\_%
  - f. Alarms: Fire  Yes  No Burglar  Yes  No Central Station  Yes  No Grade \_\_\_\_\_

**EMPLOYEE/HIRING INFORMATION**

1. Do hiring procedures include background checks, job history and references?  Yes  No
2. Can cashiers tamper with customer's checks or register receipts?  Yes  No
3. Does the applicant have a written Sexual Harassment Policy?  Yes  No

What controls/procedures are in place to limit/control employee theft? \_\_\_\_\_

**LOSS HISTORY**

In the past 3 years, has the applicant had any *GL or LL claims* or incidents that might give rise to such a claim, whether insured or not?  Yes  No  
 If yes, please provide details:

	Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Open/Closed)	Description of Incident/Claim
A			\$	\$		
B			\$	\$		
C			\$	\$		
D			\$	\$		

In the past 3 years, has the applicant had any *Property claims* or incidents that might give rise to such a claim, whether insured or not?  Yes  No  
 If yes, please provide details:

	Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Open/Closed)	Description of Incident/Claim
A			\$	\$		
B			\$	\$		
C			\$	\$		
D			\$	\$		

**ADDITIONAL INSUREDS**

Is coverage needed for Additional Insureds on the GL:  A-None  B-Lessor/Property Manager  C-Vendor  D-Franchisor

Name/Address/Interest: \_\_\_\_\_  
 Name/Address/Interest: \_\_\_\_\_  
 Name/Address/Interest: \_\_\_\_\_

Is coverage needed for Additional Insureds on the Property:  A-None  B-Lessor/Property Manager  C-Vendor  D-Franchisor

Name/Address/Interest: \_\_\_\_\_  
 Name/Address/Interest: \_\_\_\_\_  
 Name/Address/Interest: \_\_\_\_\_

**CURRENT COVERAGE INFORMATION**

1. Does Applicant carry *General Liability* insurance?  Yes  No If yes, effective from: \_\_\_\_\_ to \_\_\_\_\_  
 Insurer: \_\_\_\_\_ Limits: \$ \_\_\_\_\_  
 Assault & Battery Excluded?  Yes  No If no, Limits: \$ \_\_\_\_\_  
 Has any insurer cancelled or non-renewed General Liability coverage in the past 3 years?  Yes  No If yes, explain: \_\_\_\_\_

2. Does Applicant carry *Liquor Liability* insurance?  Yes  No If yes, effective from: \_\_\_\_\_ to \_\_\_\_\_  
 Insurer: \_\_\_\_\_ Limits: \$ \_\_\_\_\_  
 Assault & Battery Excluded?  Yes  No If no, Limits: \$ \_\_\_\_\_  
 Has any insurer cancelled or non-renewed Liquor Liability coverage in the past 3 years?  Yes  No If yes, explain: \_\_\_\_\_

3. Does Applicant carry *Property* insurance?  Yes  No If yes, effective from: \_\_\_\_\_ to \_\_\_\_\_  
 Insurer: \_\_\_\_\_ Limits: \$ \_\_\_\_\_  
 Has any insurer cancelled or non-renewed Property Liability coverage in the past 3 years?  Yes  No If yes, explain: \_\_\_\_\_

**APPLICANT'S WARRANTY STATEMENT**

I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this 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.*

Retail Agency: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone #:(     ) \_\_\_\_\_ Retail Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_