



**BARS/RESTAURANTS/TAVERNS GENERAL LIABILITY APPLICATION**

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**Applicant is:**  Individual       Corporation       Partnership       Joint Venture  
 Limited Liability Company       Other (Specify) \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Limits Of Liability and Deductible Requested:**

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements:	\$
Deductible	\$

**1. Classification of risk** (select all that apply):

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Banquet facility | <input type="checkbox"/> Bring your own bottle establishment | <input type="checkbox"/> Disco        | <input type="checkbox"/> Membership club |
| <input type="checkbox"/> Bar/Tavern       | <input type="checkbox"/> Cabaret                             | <input type="checkbox"/> Country club | <input type="checkbox"/> Nightclub       |
| <input type="checkbox"/> Bowling center   | <input type="checkbox"/> Comedy Club                         | <input type="checkbox"/> Deli         | <input type="checkbox"/> Restaurant      |

**2. Annual gross sales:**

	Past Twelve (12) Months	Next Twelve (12) Months
Alcohol Sales		
Food Sales		
Gambling		
Other		
Total		

3. Number of years in business: \_\_\_\_\_

4. Number of years under current management: \_\_\_\_\_

5. Opening and closing time per day? \_\_\_\_\_

**6. Schedule Of Hazards:**

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

7. Does establishment serve food buffet style? .....  Yes  No

8. Are there any catering services available? .....  Yes  No

If yes:  Off premises  On premises Gross sales: \_\_\_\_\_

9. Types of meals served:  Full meals  Short order

10. Maintenance of building is:  Good  Average  Poor

11. Housekeeping is:  Good  Average  Poor

12. Square footage of bar/tavern/restaurant: \_\_\_\_\_

13. Are facilities available for use or rent for private parties, receptions, banquets or similar affairs?  Yes  No

If yes: Number of times per year: \_\_\_\_\_

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

14. Are patrons allowed to drink their own alcoholic beverages on the premises? .....  Yes  No

If yes:

a. Are there procedures in place for handling violent or disruptive patrons? .....  Yes  No

b. Is there table service? .....  Yes  No

c. Does applicant also sell alcohol? .....  Yes  No

15. Does applicant advertise or promote "happy hour" or other events when drinks are sold at a lower price than usual? .....  Yes  No

16. Does applicant subscribe to a taxi or other service providing transportation home to apparently intoxicated persons?.....  Yes  No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_
17. Is there Hookah exposure (communal smoking)?.....  Yes  No  
 If yes:  
 a. Any blending of tobacco by applicant? .....  Yes  No  
 If yes, what percentage of tobacco products? ..... \_\_\_\_\_%  
 b. Does applicant import any tobacco products? .....  Yes  No  
 If yes, what percentage of tobacco products? ..... \_\_\_\_\_%  
 c. Does applicant allow underage persons to purchase and/or use the products? .....  Yes  No  
 d. How often does applicant clean pipes, tubing and mouthpieces? \_\_\_\_\_  
 \_\_\_\_\_
18. Entertainment:
- a. Is there any live entertainment on premises? .....  Yes  No  
 If yes: Number of times per week: \_\_\_\_\_  
 Describe: (include go-go dancers, topless, disco, exotic, female/male): \_\_\_\_\_  
 \_\_\_\_\_
- b. Is there dancing?.....  Yes  No  
 If yes: Number of times per week: \_\_\_\_\_  
 Square footage of dance floor: \_\_\_\_\_
- c. Does applicant have any mechanical or amusement devices? .....  Yes  No  
 If yes: How many? \_\_\_\_\_  
 Describe: \_\_\_\_\_  
 \_\_\_\_\_
- d. Is there a minimum or cover charge? .....  Yes  No
- e. Are there sports on the premises? .....  Yes  No  
 If yes: Provide complete details: \_\_\_\_\_  
 \_\_\_\_\_
- f. Are sports sponsored off premises? .....  Yes  No  
 If yes: Number of times per week: \_\_\_\_\_  
 Give details: \_\_\_\_\_  
 \_\_\_\_\_
- g. Does applicant sponsor any special events?.....  Yes  No  
 If yes: Describe: \_\_\_\_\_  
 \_\_\_\_\_
- h. Is there any gambling?.....  Yes  No  
 If yes: Are there any "live" dealers?.....  Yes  No  
 Number of gambling machines? \_\_\_\_\_
- i. Is there a play area for children? .....  Yes  No
- j. Are there any drinking games (i.e., beer pong, flip cup)? .....  Yes  No  
 If yes: Describe: \_\_\_\_\_  
 \_\_\_\_\_
- k. Are there any pub crawls (pedal bus or motorized)? .....  Yes  No

19. Does applicant have parking area? .....  Yes  No  
 If yes, is parking area well lit?.....  Yes  No

20. Is valet parking provided on premises?.....  Yes  No  
 If yes, is parking done by applicant's employees? .....  Yes  No  
 If yes, where is Garage Liability Coverage insured? \_\_\_\_\_  
 If no, advise by whom: \_\_\_\_\_

21. Are surrounding premises:  
 Downtown district     Residential/commercial     Rural     Shopping center     Waterfront  
 Industrial     Resort     Seasonal     Suburban commercial  
 If waterfront, does applicant provide boat docking facilities for patrons?.....  Yes  No  
 If yes, how many docking spaces for boats? \_\_\_\_\_

22. Clientele:  
 Local residents     Families     Retirement community     College students     Seasonal residents  
 Median age of patrons:     18-25     26-30     31-40     41 and over  
 Are premises located near a college or university?.....  Yes  No

23. In the past five years, has applicant been cited by the Liquor Control Commission? .....  Yes  No  
 If yes, give date(s) and full explanation: \_\_\_\_\_  
 \_\_\_\_\_

24. Are police records and background checks conducted on employees? .....  Yes  No

25. Number of bouncers, doormen or security personnel: \_\_\_\_\_  
 Are bouncers, doormen or security personnel either employees or independent contractors? \_\_\_\_\_  
 If independent contractors, do they provide Certificates of Insurance and Additional Insured Endorsements to the applicant? .....  Yes  No

26. Does applicant have Workers' Compensation coverage in force? .....  Yes  No  
 Total number of employees: \_\_\_\_\_

27. During the past three years, has any company ever canceled, nonrenewed, declined or refused similar insurance to the applicant? (Not applicable in Missouri) .....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

28. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?.....  Yes  No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

29. Does applicant have other business ventures for which coverage is not requested?.....  Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_

30. Additional Insured Information:

Name	Address	Interest

**31. Prior Carrier Information:**

	<b>Year:</b>	<b>Year:</b>	<b>Year:</b>
<b>Carrier</b>			
<b>Policy No.</b>			
<b>Coverage</b>			
<b>Occurrence or Claims Made</b>			
<b>Total Premium</b>			

**32. Loss History:**

<p><b>Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.</b> <input type="checkbox"/> Check if no losses in the last three years.</p>				
<b>Date of Loss</b>	<b>Description of Loss</b>	<b>Amount Paid</b>	<b>Amount Reserved</b>	<b>Claim Status (Open or Closed)</b>

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with 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 and subjects such person to criminal and civil penalties. **(Not applicable to Oregon).**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** 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 is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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 is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with 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, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.



**CREATIVE UNDERWRITERS CORPORATION**  
 140 EAST MAIN STREET, CARMEL, IN 46032  
 1-800-769-4321 • Fax (317) 571-5767  
 E-mail: P&C@CreativeUnderwriters.com

## Commercial Package Application

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**PROPOSED EFFECTIVE/EXPIRATION DATES:**

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other (Specify): \_\_\_\_\_
2. **Number of years in business:** \_\_\_\_\_
3. **Describe all business operations conducted by applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PROPERTY SECTION

**4. Premises information:**

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:		
				1. _____ %			
				2. _____ %			

- **Construction type:** \_\_\_\_\_
- **Protection class:** \_\_\_\_\_
- **Number of stories:** \_\_\_\_\_
- **Total square foot area:** \_\_\_\_\_
- **Total number of units:** \_\_\_\_\_
- **Sprinklered?**  Yes  No
- **Operable smoke detectors?**  Yes  No
- **Year built:** \_\_\_\_\_

- **Building remodeling (include year):**
- Wiring?  Yes  No Year: \_\_\_\_\_
- Heating?  Yes  No Year: \_\_\_\_\_
- Plumbing?  Yes  No Year: \_\_\_\_\_
- Roof?  Yes  No Year: \_\_\_\_\_
- **Burglar alarm type:**  Local  Central Station
- **Fire alarm type:**  Local  Central Station



**GENERAL LIABILITY SECTION**

5.

Limits of Liability Requested		Premiums
General Aggregate	\$	Premises/Operations \$
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations \$
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other \$
Medical Expenses (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements	\$	Total
<b>Deductible</b>	\$	\$

**Schedule of Hazards**

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/Comp. Ops.	Prem./Ops.	Products/Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:**

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APPLICANT'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent License Number: \_\_\_\_\_

**(Applicable to Florida Agents only.)**

IMPORTANT NOTICE

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