



UPSCALE BAR SUPPLEMENTAL APPLICATION
 (Complete this supplement and submit with ACORD Application)

Named Insured/Applicant: _____
 Producer: _____
 New Renewal

General Information

Attach copy of menu (including wine and cigar price list if applicable)
 Total number of seats: dining _____ bar/lounge _____
 Nightly Attendance: dining _____ bar/lounge _____
 Does the establishment close for more than 30 consecutive days? Yes No
 Does the establishment employ a cover charge for customers? Yes No
 Does the establishment ever employ a bouncer? Yes No
 Does the establishment operate a banquet hall? Yes No

Classification and Rating Information

What is the average number of meals served per day? _____
 Does the establishment have a live entertainment? Yes No
 If Yes, what kind and how many nights per week?

Type	Nights per week
Latin Bands	_____
Jazz Bands	_____
Heavy Metal Bands	_____
Rock Bands	_____
Polka Bands	_____
Country Bands	_____
Disk Jockey	_____
Other (describe)	_____
Size of dance floor	_____ sq. ft

 Any amusement devices? Yes No If Yes, how many _____
 Any weapons on premises? Yes No
 Average age of clientele: Under 21 _____% 21-30 _____% 30-40 _____% 40-60 _____%
 Are there any teen nights: Yes No
 Cover charge per person? \$ _____

Company Use

Protection

Is there cooking on premises Yes No
 Automatic fire extinguishing system provides surface protection for all cooking surfaces Yes No
 Metal hoods and ducts covering all cooking surfaces Yes No
 Hoods equipped with removable filters or grease extractors vented to outside of building Yes No
 Manual pull for extinguisher system readily accessible and clearly identified Yes No
 All gas fired cooking equipment and appliances equipped with automatic fuel shut off Yes No
 Portable fire extinguishers in kitchen area Yes No
Is there humidior on premises Yes No
 If yes what size _____
 Is walk in humidior equipped with fire extinguisher? Yes No
 Are employees trained in their proper use? Yes No

<p>Equipment/Cleaning</p> <p>Type of kitchen fire extinguishing system: <input type="checkbox"/> None <input type="checkbox"/> Dry/Wet Chemical or CO2 <input type="checkbox"/> Water spray</p> <p>How often is the kitchen fire extinguishing system serviced? _____</p> <p>Are hoods and ducts cleaned by an independent service firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how often? _____ Last service date: _____</p> <p>If the age of the building is more than 30 years, the roof, electrical, HVAC and plumbing systems have been replaced or renovated? <input type="checkbox"/> Yes <input type="checkbox"/> No When or extent: _____ _____</p>	<p>Company Use</p>												
<p>Premises-Interior/Exterior</p> <p>Are restrooms located on same floor as dining/club area? <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate the total number of floor transitions in the dining/club area: _____ Comments: _____ _____</p> <p>Is parking lot owned by applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If parking lot is not owned by applicant, is applicant responsible for maintenance of the parking lot? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If answer to both above questions is "No", does applicant indemnify (through the lease agreement), the entity which owns or maintains the parking lot or will such entity be an insured under the applicant's general Liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>													
<p>Management</p> <p>Indicate number of years of same management: _____</p> <p>Comments on how the management handles customer incidents/complaints (e.g. spilled food, cold drinks, minor slips/falls) _____ _____ _____</p> <p>Safety Procedures and Evacuation Plan in Place: <input type="checkbox"/> Yes <input type="checkbox"/> No Means of Egress: _____ (Attach written guidelines)</p> <p>How many stories in the building _____</p> <p>Maintenance/Housekeeping: (Describe) _____ _____ _____</p> <p>Loss Control Procedures in Place: (attach any prior inspection reports) _____</p>													
<p>Sales</p> <p>Do you sell Liquor, Cigars for off premises consumption <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate the following for the upcoming 12 months</p> <table border="0"> <tr> <td></td> <td>Total Sales</td> <td>Food</td> <td>Liquor</td> <td>Cover charge</td> <td>Cigar</td> </tr> <tr> <td>Estimated Next 12 months</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		Total Sales	Food	Liquor	Cover charge	Cigar	Estimated Next 12 months	_____	_____	_____	_____	_____	
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Estimated Next 12 months	_____	_____	_____	_____	_____								

Valet Parking (complete only if valet parking service is offered)

Is valet parking performed by the club's employees? Yes No
Is parking lot located on premises Yes No
Does the establishment check the driving records of valet parking attendants? Yes No

Respond to the following if valet parking is performed by an outside firm

Does outside firm have insurance coverage in force to cover liability arising out of valet parking, including physical damage to customer's autos? Yes No

Is club owner included as an additional insured under the outside firm's garage liability and garage keepers insurance? Yes No

Liquor Liability

Limits of Insurance: _____ Each common Cause
Aggregate

List all violations of state, county, municipal and liquor regulations (including any suspension of liquor license). If none, so state.

If the police or any other civil authorities have been called to your premises for any reason during the past five years, explain the circumstances. If none, so state.

Has your liquor liability insurance and general liability insurance been canceled or non-renewed in the last five years? Yes No

If yes, describe the circumstance: _____

Do you offer drink promotions (Happy Hours)? Yes No

Describe: _____

Do you subscribe to an alcohol awareness program for employees? If yes, please indicate the name of the program. Yes No

Percentage of servers attending: _____ Managers: _____

Describe any liquor liability claims or suits within the past five years whether insured or not (include loss amount). _____

Liquor license number: _____

Signing this application does not bind the applicant or the company to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

The undersigned hereby warrants that he/she is the authorized representative of the applicant with authority to make this warranty and to execute this application. Further, the undersigned does hereby acknowledge that he/she has read the above and agrees that to the best of his/her knowledge and belief the information supplied fully represents the true statement of fact.

Warning– Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Authorized Representative _____

Title: _____

Date: _____