## **Hospitality Application**

Named Insur	red:			DBA:			
Mailing Add	lress:						_
Location Ad	Location Address:						
Website Add	dress:			Email Addre	ess:		
Inspection C	Contact Name: _			Inspection C	ontact Phone l	Number:	
Insured Type	e:	Individual	Partnership	Corporation	LLC	Other	
Proposed Po	licy Term: Fr	om	То		Seasonal?	Y	N
Underwriting Information							
Is This a Ne	w Venture?	Yes	No				
Is the Risk C	Open for Busine	ess?	Yes	No			
Operating H						,	
From:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
To:							
Description	of Operations:		r/Tavern		Private Club Other (Specif		ub
Portion of th	e Building Occ	cupied by the Ap	oplicant?	%Entire	%Grade	Floor	%Other
Construction	n:	Frame	Masonry	Non-Combus	stible	Fire Resistiv	e
Number of S	Stories:		Year Built:		Protection	on Class:	
Burglar Alai	m:	Local	Centr	ral Station Fire A	Alarm		
Recent Upda	ates:		Fire D	Department:	Volunte	eer	Paid
Roof							
Plumbing _		How L	ong Has the Insu	red Been in Bus	siness at This I	Location?	_
Electrical _		Freesta	nding Building?	Yes	3	No	
Heating		Central	l Alarm?	Yes	3	No	
		What A	Are the Adjacent	Exposures?			
Total Area		Area of Restau	rant	Area of Bar	nquet Rooms		
# of Apts		_Total Sales		Total Food	Sales		
Total Liquor	Sales	Other	Sales				
What Is the	Extent of the C	Cooking?					

Devices	Device	Used	Under H	ood?	Auto Fuel Sh	ut Off?	Surface Prot	ections?
Grills	Electric	Gas	Yes	No	Yes	No	Yes	No
Deep Fryers	Electric	Gas	Yes	No	Yes	No	Yes	No
Broilers	Electric	Gas	Yes	No	Yes	No	Yes	No
Range / Oven	Electric	Gas	Yes	No	Yes	No	Yes	No
Other	Electric	Gas	Yes	No	Yes	No	Yes	No

Is Gas Safety Shut-Off	Marked?	Ye	es	No	Frequency of Filt	er Cl	eaning?	
Are Ducts Specifically	Treated With I	Fire Retai	rdant Material?	•		By V	Whom?	
		Y	es	No	Frequency of Ho	od Cl	eaning?	
Is Cooking Equipment	Protected by a	n Ansul S	System?		By Whom?			
		Y	es	No La	st Service Date for	Fire	Extinguishers?	
Is the Cooking Equipm	nent UL300 Cor	mpliant?		By Whom?				
		Y	es	No	# of Fire Extingu	ishers	s in Kitchen?	
				# of	Fire Extinguishers	in Di	ining Room?	
General Liability Sect	tion							
General Aggregate (O	ther Than Produ	icts – Co	mpleted Opera	tions) Lii	mit	\$		
Products – Completed Operations Aggregate Limit						\$		
Personal and Advertising Injury Limit \$								
Each Occurrence Limi	it					\$		
Damage to Premises R	Rented to You L	imit				\$		
Medical Expense Limit	it					\$		
Loc#	Classification	ı	Class Code		Exposure		Premium Basis (Receipts, Area or Units)	
Is Entertainment Provi	ided?	Yes	No	If Yes,	Please Describe:			
Athletic Events Spons	ored?	Yes	No	If Yes,	Please Describe:			
Property Section								
Limits Desired				Cause o	of Loss:  Basic		☐ Special	
Building \$		RC [	] ACV	Deducti	ible \$	_ Co-	-Ins %	
Contents \$		RC [	] ACV		Deductible \$		Co-Ins %	
Bus Income \$						Co-	-Ins %	

Satellite Dish \$_			Deductible \$		Co-Ins %
Sign \$		Deductib	ole \$	_ Co-Ins	%
Other \$		Deductib	ole \$	_ Co-Ins	%
Crime Section					
Coverage Type	Desired		Coverage Limit I	Desired	
Crime Form C:	Theft, Destruction and Disappearanc		\$	_	\$
Deductible	\$		Inside the Premis	ses	Outside the Premises
Crime Form E:	Premises Burglary		\$	_	
Deductible	\$		Inside the Premis	ses	
Crime Form Q:	Robbery of Money & Securities and	Safe Burg	glary \$		\$
			Inside the l	Premises	Outside the Premises
Additional Inter	rests (Please Be Specific)				
Name:		_	Additional Insure	ed	Loss Payee
Address:		_			Lender's Loss Payee
Interest:		_	Mortgagee		Contract of Sale
Name:		_	Additional Insure	ed	Loss Payee
Address:		_			Lender's Loss Payee
Interest:		_	Mortgagee		Contract of Sale
Liquor Liability	Section				
Licensee Name:					
Entertainment:	Days per Week	Days per	Week		Days Per Week
	☐ DJ	☐ Topl	ess	_	Juke Box
	Band	☐ Dano	cing	_	Pool Tables #
	Keno	☐ Kara	oke	_	Dart Boards #
Number of Alco	hol Servers Employed	_	Number Who Are	e TIPS/T	AMS Certified
Does the Applic	ant Hire or Utilize Bouncers?	☐ Yes	□ No	If Yes, I	Iow Many?
Limits of Liabili	ity:				
□ 50/50 □ 50/	/100	300 □30	0/600 🗆 500/50	0 🗆 500	′1MIL□1MIL/1MIL

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Has the Establishment Been Cited for a Violation of Any Liquor Laws in the Past Five (5) Years?				
☐ Yes ☐ No If Yes, Give Date & Details				
Has Liquor Liability Covera	ge Ever Been Cancelled, Decl	ined, Non-Renewed or Had a	Lapse in Coverage?	
☐ Yes ☐ No If Yes, Giv	e Date and Details			
Does Your Current Liquor P	olicy Exclude Assault or Batte	ery?		
Yes No If No, Wha	t is the Current Assault or Bat	tery Limit?		
Does Your Current General	Liability Policy Exclude Assa	ult or Battery?		
Yes No If No, What is the Current Assault or Battery Limit?				
Prior Carrier Information (Please Give Detailed History, Including Coverage Premiums)				
Policy Term	Insurance Carrier	Property Premium	Liability Premium	
From: To:		\$	\$	
From: To:		\$	\$	
From: To:		\$	\$	

Claims History (Please List All Claims or Occurrences That May Give Rise to Claims for the Prior Three Years)

<b>Date of Occurrence</b>	Description of Loss	Status	Paid	Reserved

Prior Liquor Liability Carrier Information (Please Give a Detailed History, Including Coverage Premiums)

Policy Term		Insurance Carrier	Limits	Premium
From:	To:			\$
From:	To:			\$
From:	To:			\$

Liquor Liability Claims History (Please List All Claims or Occurrences That May Give Rise to Claims for the Prior Five Years)

Date of Occurrence	Description of Loss	Status	Paid	Reserved

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance." Is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**District of Columbia Fraud Statement: WARNING:** 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.

**Florida Fraud Statement:** 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.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine and Washington Fraud Statement:** 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.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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.

**Ohio Fraud Statement:** 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. **Oklahoma Fraud Statement: WARNING:** 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.

**Pennsylvania Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** 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.

**Fraud Statement (All Other States):** 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.

Agent Information							
Has the Agent Personally Inspected the Applicant's Premises?	☐ Yes ☐ No						
Condition of Risk?	□Fair □ Poor						
Any Other Information That Is Pertinent to This Risk?							
Agency Name:							
Agency Address:							
Agency Phone Number:							
Agent's Email:							
	•						
Agent Signature:	Applicant Signature:						
Date:	Date:						