



HOSPITALITY SUPPLEMENTAL APPLICATION

Rev: 03/14

Page 1 of 5

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GENERAL INFORMATION					
Broker Name:		Broker Email:			
Proposed Effective Date:(mm/dd/yyyy)		Proposed Expiration Date:(mm/dd/yyyy)			
Corporate Name:		Trading Name:			
		FEIN:			
Location Address:			Number of Locations:		
City:	State:		Zip:		
Website:		Phone:			
Inspection Contact Name:		Inspection Contact Phone:			
Inspection Contact Email:					
Mailing Address (if different):					
City:	State:		Zip:		
Business Formation Year:	Is the applicant a sole proprietorship?		YES	NO	
Has the applicant or any active partner filed for bankruptcy?		YES		NO	
Has the applicant or any owner or principal ever been convicted of a felony?		YES		NO	
Number of years of management experience the General Manager/Owner has at this location or another location that is a similar establishment:					
Does the applicant own the building/property?		YES	NO	% of Building Occupied by Applicant:	
If Yes, does the building have any commercial tenants?		YES	NO	% of Building Vacant:	
If Yes, please list all commercial tenants & provide a detailed description of operations for each:					
-					
-					
Do all commercial tenants provide certificates of insurance evidencing equal limits and naming the applicant and their entities as additional insured?				YES	NO
Does the building have apartments?		YES	NO	If Yes, # of apartments:	
Is the business operational all year round?		YES	NO	If No, provide months of operation:	

PRIOR COVERAGE INFORMATION (3 Years History)					
Coverage	Year	Prior Carrier		Prior Premiums	
Liability					
Liquor					
Excess					
PLEASE SELECT THE COVERAGE(S) DESIRED					
General Liability		Limit Requested \$			
Liquor Liability		Limit Requested \$			
Assault and Battery		\$100,000 Limit		\$1,000,000 Limit	
Employee Benefits		Retro Date (if applicable):			
Hired Auto		YES		NO	
Non-Owned Auto		YES		NO	
Do you want to increase Damage To Rented Premises Limit? (\$50,000 Standard Limit Provided)		YES		NO	
If Yes, Limit Requested?					
Total Square Footage:		Legal Capacity:			
Excess Liability Coverage Request:		N/A	\$1,000,000	\$2,000,000	\$3,000,000
				\$4,000,000	



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Rev: 03/14

Page 2 of 5

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OPERATIONAL SURVEY						
Is there cooking on premises?					YES	NO
If yes, is the cooking area, hood and duct system protected by a fire extinguishing system?					YES	NO
Is there any table side cooking?					YES	NO
Has the applicant(s) ever been cited by the Board of Health?					YES	NO
HOURS OF OPERATIONS						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
TO	TO	TO	TO	TO	TO	TO
Does the applicant ever engage in 24 hour operations?				YES	NO	
PARKING OPERATIONS						
Does the applicant have a parking lot?			YES	NO	How many spaces?	
Is parking lot used for special events?			YES	NO		
Provide address of any off premise lots to be included (spaces should be included in total above)						
Does the applicant offer valet parking?		YES	NO	If yes, is valet parking provided by Employees Third Party Contractor?		YES NO
If provided by third party contractor, do they provide certificates of insurance evidencing Garagekeepers coverage with at least \$100,000 per auto and \$1,000,000 aggregate and naming the applicant and their landlord entities as additional insured?					YES	NO
RECEIPTS						
Total Food Receipts	\$	Total Banquet/Catering Receipts		\$		
Total Alcohol Receipts	\$	Total Other (not listed) Receipts		\$		
Total Door/Cover Receipts	\$	Total Expense Paid to Bands for Live Music		\$		
Total Ticket Sales for Live Music Receipts	\$	Total Expense for Comp Admissions		\$		
Total Gross Receipts <i>(For Proposed Term)</i>	\$	Total Gross Receipts <i>(For Prior 12 Months)</i>		\$		
RENTAL/CATERING						
Does the applicant engage in facility or room rentals for private events?				YES	NO	
Does the applicant engage in off premise catering events?				YES	NO	
ENTERTAINMENT						
Does the applicant have or plan to have during the policy period any of the following types of entertainment? (select all that apply and indicate the frequency)						
DJ	times per week:	National Touring Acts/Bands		times per week:		
Adult/Exotic Dancers	times per week:	Karaoke		times per week:		
Boxing/Ultimate Fighting Tough Man Events	times per week:	Live Mic Night Piano/Jazz Performer		times per week:		
Comedy Acts	times per week:	Local Acts/Bands		times per week:		
Are patrons permitted to dance?					YES	NO
Does the applicant allow anyone to dance or stand on any raised equipment, including but not limited to, speakers, furniture, tables, chairs, or bar-top?					YES	NO
Does the applicant ever have or plan to have any type of stunt activity on premises? (Stunt activity includes but is not limited to any type of acrobatics, carnival acts such as flame or sword swallowing, etc)					YES	NO
If Yes, provide explanation:						
Does the applicant ever allow open flames and/or incendiary devices on the premises?					YES	NO
If Yes, provide explanation:						



HOSPITALITY SUPPLEMENTAL APPLICATION

Rev: 03/14

Page 3 of 5

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ENTERTAINMENT (continued)			
Does the applicant have or plan to have during the policy period any of the following entertainment devices on premises? (select all that apply and indicate the quantity)			
<input type="checkbox"/>	Video Games	Quantity:	<input type="checkbox"/>
<input type="checkbox"/>	Pool Tables	Quantity:	<input type="checkbox"/>
<input type="checkbox"/>	Dart Boards	Quantity:	<input type="checkbox"/>
<input type="checkbox"/>			TV's
<input type="checkbox"/>			Punching Bag Game
<input type="checkbox"/>			Other
If Other, provide explanation:			
Does the applicant have or plan to have during the policy period any of the following interactive amusement device or activity on premises? (select all that apply)			
<input type="checkbox"/>	Mechanical Bull, Surfboard, or other rides	<input type="checkbox"/>	Trampolines
<input type="checkbox"/>	Foam Parties	<input type="checkbox"/>	Dunk Tanks
<input type="checkbox"/>	Inflatable's	<input type="checkbox"/>	Swimming Pool
<input type="checkbox"/>	Climbing Walls	<input type="checkbox"/>	Sauna, Hot Tubs, or Showers
<input type="checkbox"/>	Athletic Courts	<input type="checkbox"/>	Children's Playground Equipment
<input type="checkbox"/>	Horseshoes, Cornhole or Similar Game	<input type="checkbox"/>	Other
If Other, provide explanation:			
If Yes, to the swimming pool, sauna, or hot tub, does the applicant operate the swimming pool, sauna and/or hot tub in compliance with all regulatory laws and guidelines?			YES
			NO
OTHER BUSINESS LOCATIONS			
<input type="checkbox"/>	Docks, Slips or Piers (on water)	Number of Slips:	Provide Address:
<input type="checkbox"/>	Office (if separate location)	Square footage:	Provide Address:
<input type="checkbox"/>	Warehouse/Storage (if separate location)	Square footage:	Provide Address:
<input type="checkbox"/>	Dwellings	Provide Address:	
<input type="checkbox"/>	Radio/TV Broadcasting Stations	Number:	Provide Address:
<input type="checkbox"/>	Vacant Building	Square footage:	Provide Address:
<input type="checkbox"/>	Vacant Land	Per Acre:	Provide Address:
<input type="checkbox"/>	Bathhouse or Bathing Pavilion	Number:	
<input type="checkbox"/>	Package Liquor Store	Provide Address:	
Other (Provide explanation and description)			
OPERATIONS			
Does or will the applicant ever allow persons other than employees trained in a properly accredited alcohol awareness program to serve alcohol to patrons (e.g., patrons, guest bartender, etc.)?			YES
			NO
If Yes, provide explanation:			
Does the applicant ever permit or sponsor alcohol consumption games (e.g., beer pong, flip cup, etc.) or permit the use of alcohol consumption enticing equipment (e.g., beer bong, funnels, etc.)?			YES
			NO
Does or will applicant engage in any type of alcohol promotions during the policy period?			YES
			NO
If Yes, does or will the applicant offer Open Bars/All You can drink specials (other than during facility or private rentals)			YES
			NO
Does or will the applicant offer any drink prices reduced to \$1.00 or less?			YES
			NO
Does or will the applicant offer any drink specials in violation of any statute or regulatory rules?			YES
			NO
Does the applicant ever permit "BYOB" on the insured location?			YES
			NO
Does the applicant ever have package alcohol sales for off-premises consumption?			YES
			NO
If Yes, what percent (%) of receipts are derived from off-premises sales?			%



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Rev: 03/14

Page 4 of 5

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OPERATIONS (continued)			
Does or will the applicant ever:			
Permit patrons who are under 18 on the premises after 10:00 PM?	YES	NO	
Permit patrons who are over 18 but under 21 on the premises after 10:00 PM?	YES	NO	
If yes for either, does the applicant utilize Tyvek wristbands with all patrons of legal drinking age?	YES	NO	
Does the applicant ever permit employees or other persons serving alcohol to consume alcohol during their hours of employment or service?	YES	NO	
Does the applicant ever permit the service of alcohol after the established legal operating hours?	YES	NO	
Are patrons ever allowed on premises one hour after the established legal alcohol service cut-off time?	YES	NO	
Has the applicant been fined or cited for violations of law or ordinances related to illegal activities or the sale of alcohol?	YES	NO	
Are firearms kept or permitted on premises by anyone other than police officers?	YES	NO	
If Yes, provide explanation:			
Does the applicant have any person(s) whose primary role is security, bouncer, ID checker and/or door person?	YES	NO	
If Yes, are persons:	<input type="checkbox"/> Employees	<input type="checkbox"/> Contractors	<input type="checkbox"/> Both
If persons are Employees:			
Are background checks completed on all security employees?	YES	NO	
Does the applicant ever employ persons who have been charged, sued and/or convicted with any assault and/or battery allegations? If Yes, provide explanation:	YES	NO	
Are employees whose primary role involves security related functions required to be licensed by the state?	YES	NO	
If yes, are all employees actively licensed?	YES	NO	
If applicant uses contractors for security:			
Does the applicant have a written agreement with these contractors? If Yes, please submit a copy for our review	YES	NO	
If provided by contractor, do they provide certificates of insurance evidencing EQUAL General Liability limits and naming the applicant and their landlord entities as additional insured?	YES	NO	
Does the applicant have a written policy regarding the striking and/or assaulting of patrons that is signed by all employees?	YES	NO	
Does the applicant engage police officers for work in or about the insured location?	YES	NO	
FIRE SAFETY			
Are there secondary means of egress for each floor having public access?	YES	NO	
Are there functioning and operational fire extinguishers and smoke detectors in all common areas?	YES	NO	
Is the building armed with a functioning and operational automatic sprinkler system?	YES	NO	
Is there a central station fire alarm?	YES	NO	
When is the last time electrical wiring was updated? (mm/dd/yyyy)	(/ /)		



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Page 5 of 5

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SECURITY							
Please check the appropriate box(es) to indicate how the police officers are engaged and their services invoiced:							
<input type="checkbox"/> Through Municipality	<input type="checkbox"/> Through a Secondary Employment Company			<input type="checkbox"/> As an Individual			
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Number of security per:							
ADDITIONAL INSURED (Please list any other entities applicant is requesting to be added as Additional Insured)							
Additional Insured:				Mailing Address:			
Additional Insured:				Mailing Address:			
Additional Insured:				Mailing Address:			
Additional Insured:				Mailing Address:			

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.

The Applicant hereby certifies, based upon reasonable and diligent investigation and to the best of the knowledge of the applicant, its owners, officers, employees and representatives, that with respect to the insured operation(s) and location(s) for which this application is being submitted:

PRELIMINARY CLAIMS HISTORY (check appropriate box)

Have there been two or more claims in any single period?	YES	NO
Have there been, at any time, any alcohol related claims?	YES	NO
Have there been claims during any policy period exceeding \$25,000 in value based upon either the accumulated reserve or paid settlement amount?	YES	NO

WARRANT: THE UNDERSIGNED REPRESENTS AND WARRANTS, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, BASED ON REASONABLE INQUIRY, THAT THE PARTICULARS AND STATEMENTS SET FORTH ON THIS APPLICATION ARE TRUE, CORRECT AND ENTIRELY COMPLETE, AND THERE ARE NO OTHER RISK FACTORS THAT HAVE NOT BEEN DISCLOSED HEREIN. IF ANY PARTICULARS OR STATEMENTS ARE MATERIALLY MISREPRESENTED OR MATERIAL INFORMATION HAS BEEN OMITTED INTENTIONALLY OR ACCIDENTALLY, SUCH MISREPRESENTATION OR OMISSION WILL VOID ANY ISSUED COVERAGES AND THE INSURANCE COMPANY WILL HAVE NO DUTY TO DEFEND ANY CLAIMS, PAY ANY DAMAGES, OR PAY SUMS OR PERFORM ACTS OR SERVICES. THE UNDERSIGNED AGREES AND ACKNOWLEDGES THAT THE PARTICULARS AND STATEMENTS SET FORTH HEREIN ARE MATERIAL TO THE ACCEPTANCE OF THE RISK ASSUMED BY THE INSURANCE COMPANY AND THAT THE INSURANCE COMPANY IS RELYING UPON THE TRUTH AND COMPLETENESS OF THE RISK FACTORS DISCLOSED HEREIN. IT IS AGREED BY THE UNDERSIGNED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED HERewith, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF THE POLICY. IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE UNDERWRITER IMMEDIATELY IN WRITING AND THE UNDERWRITER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR PROPOSAL.

Signature of Applicant (Must be Owner, Officer, or Partner):
Title (Required):
Date (Required):
* SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED.



SPECIAL EVENT APPLICATION

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Page 1 of 3

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APPLICANT SECTION			
Name of Applicant (corporate name):		Name of Event:	
Contact Name:		Phone:	
Mailing Address:			
City:	State:	Zip:	
Fax:		Email:	
Applicant's Role(s) for the Event (check all that apply)			
<input type="checkbox"/> Promoter	<input type="checkbox"/> Producer	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Talent Purchaser
<input type="checkbox"/> Financial Backer	<input type="checkbox"/> Venue Owner	<input type="checkbox"/> Other (describe):	
EVENT SECTION			
Website of Event:		Location of Event:	
Event Address:			
City:	State:	Zip:	
Full Schedule/Description and Purpose of Event:			
Number of Locations Holding Event:			
Event Location is (check all that apply):			
<input type="checkbox"/> Owned by Applicant	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Indoors	<input type="checkbox"/> Stadium/Amphitheater
<input type="checkbox"/> Private Residence	<input type="checkbox"/> Public Hall/Arena	<input type="checkbox"/> Other Venue:	
EVENT INFORMATION			
Dates of Event (including set up and/or tear down):	Start Date:	End Date:	
Dates of Event (not including set up and/or tear down):	Start Date:	End Date:	
Estimated Attendance per day:	Estimated Total Attendance:	Maximum Capacity at Location:	
Attendance Type (check all that apply):			
<input type="checkbox"/> Invitation Only	<input type="checkbox"/> Paid Ticketed Admission	<input type="checkbox"/> Free Event	
Events will include (check all that apply):			
<input type="checkbox"/> Motor Sports (not including static auto shows)	<input type="checkbox"/> Alcoholic Beverages Sold or Served		
<input type="checkbox"/> Any Location Outside of the United States	<input type="checkbox"/> Entertainment		
<input type="checkbox"/> Rodeo	<input type="checkbox"/> Camping		
<input type="checkbox"/> Gun or Knife Sales	<input type="checkbox"/> Vendors		
<input type="checkbox"/> Historic Battle Re-enactments	<input type="checkbox"/> Tents that Require Stakes or Supports Driven into Ground		
<input type="checkbox"/> Any Activities on Bodies of Water	<input type="checkbox"/> Amusement, Mechanical, Inflatable Devices, or Rides		
<input type="checkbox"/> Aircraft/Watercraft/Hot-Air balloons	<input type="checkbox"/> Food Concessions		
<input type="checkbox"/> Blood Drive	<input type="checkbox"/> Animals		
<input type="checkbox"/> General Admission	<input type="checkbox"/> Athletic or Contestant Participations or Competitions		
<input type="checkbox"/> Assigned Seating	<input type="checkbox"/> Pyrotechnics or Open Flames		
<input type="checkbox"/> Tents Larger Than 600 Square Feet	<input type="checkbox"/> After-Hours Parties		
<input type="checkbox"/> Tattooing or Piercing	<input type="checkbox"/> Patron Parking On-Site		



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Rev: 03/14

Page 2 of 3

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Applicant is Responsible for (check all that apply – only check if application is responsible for or is performing the action):	
	Applicant is responsible for Acting as or Hiring Security
	Applicant is responsible for Renting, Leasing, or Licensing the Location
	Applicant is responsible for Acting as or Hiring Ushers/ Ticket Takers
	Applicant is responsible for Parking Control
	Applicant is responsible for Renting or Erecting Staging, Sound, Lights, Other Production
	Applicant is responsible for Hiring or Engaging Talent
	Applicant is responsible for Providing or Hiring Medical Services
	Applicant is responsible for Food Concessions
	Applicant is responsible for Non-Food Concessions
	Applicant is responsible for Hiring Motor Vehicles
	Applicant is responsible for Hiring Mobile Equipment (fork lifts, golf carts, ATV's, etc.)
	Applicant is responsible for Selling or Serving Alcoholic Beverages
	Applicant is responsible for Using Mobile Equipment to Shuttle or Transport People On-site or Off-site

COVERAGE SECTION			
General Liability			
Per Occurrence	\$1,000,000		
General Aggregate	\$2,000,000		
Products/Completed Operations	\$1,000,000		
Personal/Advertising Injury	\$1,000,000		
Fire Legal	\$50,000	\$100,000	\$300,000
Medical Payments	Excluded		
Do you require Additional Insureds to be added?	Yes	No	
Waiver of Subrogation	Included	Not Included	
Liquor Liability	Excluded	\$1,000,000	
Hired Auto	Included	Not Included	
Non-Owned Auto	Included	Not Included	
Terrorism Coverage (TRIA)	Included	Not Included	



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Page 3 of 3

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