

SCOTTSDALE INSURANCE COMPANY&

P.O. Box 4110 • Scottsdale, Arizona 85261 • (602) 948-0505 • Fax (602) 483-6752

## Bars/Restaurants/Taverns General Liability Application

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

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

**PROPOSED EFFECTIVE DATE:**

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

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

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 Expense (any one person)	\$	
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

**A. Classification of risk:**

- Tavern  Disco  Bowling center  Off premises caterer  On premises caterer  
 Restaurant  Banquet facility  Membership club  Country club

**B. Annual Sales:**

	Past 12 Months	Next 12 Months
Liquor Sales		
Food Sales		
Other		
<b>Total</b>		

**C. Are surrounding premises:**

- Downtown district  Industrial  Seasonal  Rural  Resort  
 Waterfront  Suburban commercial  Residential/commercial  Shopping center

If waterfront, does applicant provide boat docking facilities for patrons?  Yes  No If yes, docking space for how many boats? \_\_\_\_\_

**D. Clientele:**

- Local residents  Families  Retirement community  College students  Seasonal residents  
 Median age of patrons:  18-25  25-30  30-40  40 and over

Are premises located near a college or university? \_\_\_\_\_

**E. Entertainment:**

Is there any live entertainment on premises?  Yes  No Number of times per week: \_\_\_\_\_

If yes, describe (include go-go dancers, topless, disco, exotic, female/male): \_\_\_\_\_

Is there dancing?  Yes  No Number of times per week: \_\_\_\_\_ Square footage of dance floor: \_\_\_\_\_

Does applicant have amusement devices?  Yes  No If yes, how many: \_\_\_\_\_ Describe: \_\_\_\_\_

Is there a minimum or cover charge?  Yes  No

Sports on premises?  Yes  No If yes, provide complete details: \_\_\_\_\_

Sports sponsored off premises?  Yes  No Number of times per week: \_\_\_\_\_

Give details: \_\_\_\_\_

**F. General information:**

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: \_\_\_\_\_

Does applicant advertise or promote "happy hour" or other events when drinks are sold at a lower price than usual?

Yes  No

Do you subscribe to a taxi or other service providing transportation home to apparently intoxicated patrons?

Yes  No If yes, describe: \_\_\_\_\_

Number of years under current management: \_\_\_\_\_ How many hours per day is applicant open? \_\_\_\_\_

Types of meals served:  Full meals  Short order

Maintenance of building is:  Good  Average  Poor Housekeeping is:  Good  Average  Poor

Does applicant have parking area?  Yes  No Is lot well-lit?  Yes  No

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

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

Number of bouncers or doormen: \_\_\_\_\_ Are security guards/bouncers/doormen employees or independent contractors? \_\_\_\_\_

If independent contractors, do they provide Certificates of Insurance and Additional Insured Endorsements to the applicant?  Yes  No

Does applicant have Workers' Compensation coverage in force?  Yes  No

Does applicant lease employees?  Yes  No

Total number of employees: \_\_\_\_\_

**G. During the past three years has any company ever canceled, declined or refused to issue similar insurance to the applicant?** (Not applicable in Missouri.)  Yes  No

If so, explain: \_\_\_\_\_  
 \_\_\_\_\_

**Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.**

YEAR	COMPANY	POL. #	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

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.

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.

**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:**

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.

I/We agree to submit records for audit by the Company upon termination or expiration of this policy for the determination of actual gross receipts during the coverage period.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 (MUST BE OWNER, PARTNER OR OFFICER)

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.

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