



# Night Club, Gentleman’s Club, Bar, Restaurant, Tavern Program Supplemental Questionnaire

(Complete in addition to Acord applications)

## A. BASIC INFORMATION ON INSURED

- 1. Name of Applicant (include dba): \_\_\_\_\_
- 2. Mailing Address: \_\_\_\_\_
- 3. Location Address: \_\_\_\_\_
- 4. Applicant is:     Corporation     Partnership     Individual     LLC     Other, explain: \_\_\_\_\_
- 5. How long has applicant been in business? \_\_\_\_\_
- 6. If new start up, how many years experience does the applicant have? \_\_\_\_\_
- 7. Location Description:     Bar or Tavern     Caterer     Country Club     Mini Mart w/ Gas  
 Sports Bar     Hotel/Motel     Package Store     Mini Mart w/o Gas  
 Restaurant     Special Event     Private Club (type): \_\_\_\_\_  
 Other (explain): \_\_\_\_\_

## B. IF ESTABLISHMENT IS A CLUB (VFW, ELKS, FRATERNAL, SOCIAL) COMPLETE SECTION

- 1. Annual Membership this year: \_\_\_\_\_ Five Years Ago: \_\_\_\_\_ Ten Years Ago: \_\_\_\_\_
- 2. Annual sales for the following:  
Membership Fees \_\_\_\_\_ Alcohol Sales \_\_\_\_\_ Food Sales \_\_\_\_\_  
Facility Fees \_\_\_\_\_ Est. number of days rented per year \_\_\_\_\_

## C. BUSINESS DESCRIPTION

- 1. Number of years experience in this business: \_\_\_\_\_
- 2. Number of years establishment has been in operation: \_\_\_\_\_
- 3. Business hours: \_\_\_\_\_ to \_\_\_\_\_ Number of days business is open per week: \_\_\_\_\_
- 4. Does applicant have a valid Liquor License?     YES     NO
- 5. Name on License: \_\_\_\_\_ License Number: \_\_\_\_\_



D. DOES THIS BUSINESS HAVE ANY OF THE FOLLOWING?

1. Please check all that apply:

- Dance Floor
- Movies or Videos
- Nude Dancers or Nude Revies
- Exotic Dancers
- Security Guards (employees)
- Security Guards (independent)
- ID Checkers
- Door Man
- Warehouses
- Disc Jockey
- Live Music (bands)
- Firearms on Premises
- Athletic Contest/Event
- Comedy Shows
- Mechanical Rides
- Pool Tables
- Dart Board
- Shuffle Board
- Video Games

2. If you checked any of the above boxes, please explain in detail (specific about type of music provided. etc.):

\_\_\_\_\_

3. Other types of Entertainment?  YES  NO

If yes, explain: \_\_\_\_\_

5. Do you sponsor or provide any of the following specials?  Double for single prices  Free Alcoholic Drink  
 Ladies Night  2 for 1 Drinks  Singles Night  Drink Specials  No Drink Specials

6. Does applicant allow BYOB?  YES  NO

7. If drink specials (Happy Hour) are offered please explain in detail and advise lowest cost per drink allowed:

\_\_\_\_\_

8. Does management ever allow the use of pyrotechnics?  YES  NO

9. Are independent contractors required to carry liability insurance and provide certificates?  YES  NO

10. Clientele Age:  21-26  26-35  Over 35 Years

11. Do you allow anyone under 21 on the premises?  YES  NO

If yes, explain: \_\_\_\_\_

12. Percentage of patrons arriving and departing by automobile? \_\_\_\_\_%

13. Maximum number of employees (including owners and managers) on duty at any one time? \_\_\_\_\_

14. Maximum number of patrons on premises at any one time? \_\_\_\_\_

15. Have you or this establishment ever been charged, cited or fined by ABC commission or the government regulator?

YES  NO If yes, explain: \_\_\_\_\_

16. Have you or this establishment ever had its alcohol beverage license suspended or revoked?  YES  NO

17. Type(s) of Liquor License held:  On sale  Off Sale  Beer  Wine  Liquor

18. Indicate the type of area you are located in:  Commercial (Non-Industrial)  Downtown  Industrial  
 Residential  Resort  Rural  Suburban

19. Does this establishment have a liquor awareness training program for the prevention of alcohol abuse?

YES  NO

If yes, complete the following:

a. Are all employees trained within sixty (60) days of employment?  YES  NO



b. Do you provide written policies and procedures to employees regarding minimum service to minors and intoxicated persons?  YES  NO

If yes, name of awareness program:

c. Do you provide any rides home to intoxicated patrons?  YES  NO

If yes, explain: \_\_\_\_\_

**E. FILL IN THE FINANCIAL INFORMATION FOR THE PAST THREE YEARS AS REQUESTED BELOW:**

<b>Fiscal Dates (month &amp; year)</b>			<b>New Term Estimated</b>
Beer, Wine & Liquor Sales	\$	\$	\$
Food Sales	\$	\$	\$
Coverage Charges	\$	\$	\$
Retail	\$	\$	\$
Miscellaneous	\$	\$	\$
Total	\$	\$	\$

1. Name of contact for financial records: \_\_\_\_\_ Phone number: \_\_\_\_\_
2. Requested Limits (in thousands)  100/100  100/300  300/300  500/500  500/1M  1M/1M
3. Number of Employees: Managers: \_\_\_\_\_ Bartenders: \_\_\_\_\_ Waiters/Waitresses: \_\_\_\_\_ Security: \_\_\_\_\_  
Hostesses: \_\_\_\_\_ Chefs: \_\_\_\_\_ Other: \_\_\_\_\_
4. Area of: Parking Lot \_\_\_\_\_ sq. ft. Is applicant required for care maintenance of the lot?  YES  NO
5. Surfaces of the parking lots:  Gravel  Concrete  Asphalt  No Parking  Other
6. Number of Exits: \_\_\_\_\_ Are all exits marked with exit signs?  YES  NO
7. What is the building's legal capacity as established by the Fire Marshal of the Fire Dept? \_\_\_\_\_ persons.
8. Property Coverage Information – Building Interest:  Owner  Tenant  Percent Occupied \_\_\_\_\_ %
9. Does the building have two means of egress?  YES  NO
10. Distance from nearest: Responding Fire Station \_\_\_\_\_ miles Fire Hydrant \_\_\_\_\_ feet
11. Year Built \_\_\_\_\_ Number of Stories \_\_\_\_\_ Construction:  Frame  Other \_\_\_\_\_
12. Total Sq. Footage of Building: \_\_\_\_\_
13. Fire Extinguishers:  YES  NO How many? \_\_\_\_\_
14. Service and Tagged within the past year?  YES  NO
15. Central Station Burglar Alarm? \_\_\_\_\_ Central Station Fire? \_\_\_\_\_
16. Last date for update of the following (N/A if not updated):  
Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Electrical: \_\_\_\_\_ HVAC: \_\_\_\_\_
17. Sprinkler System:  YES  NO If yes, % of sq. ft. covered by sprinkler: \_\_\_\_\_
18. Type of wiring:  Copper  Aluminum Type of Roof: \_\_\_\_\_



**F. COOKING HAZARD QUESTIONNAIRE:**

- 1. Is any type of cooking done on the premises (Please circle if microwave cooking ONLY)?  YES  NO
- 2. UL approved auto extinguishing system over ALL cooking surfaces and deep fat fryers?  YES  NO  
 Type of system:      Wet Chemical (UL 300 approved)      Dry Chemical
- 3. Semi-annual service contract for auto extinguishing system?  YES  NO
- 4. Automatic gas or electric shut off for cooking with manual pull?  YES  NO
- 5. Are hoods and ducts equipped with filters?  YES  NO
- 6. Are filters cleaned every six months?  YES  NO
- 7. Are hoods and ducts cleaned every six months?  YES  NO
- 8. Are portable fire extinguishers mounted and accessible to cooking area?  YES  NO

**G. SHOW GL/LIQUOR CARRIERS FOR THE LAST THREE YEARS ALONG WITH ANY LOSS INFORMATION:**

Year:	Insurance carrier and/or Loss information:	Amnt. Paid or Reserved:
		\$
		\$
		\$
		\$

I declare that the above statements are particulars are true and that no fact(s) have been suppressed or misstated and that this application form is recognized to be the basis of any policy of insurance which may be issued by the company. The completion of this application does not bind the company to sell, and the misstatements of facts may void your coverage. All persons 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.

Applicant: \_\_\_\_\_      Producer's Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_      Producer's Address: \_\_\_\_\_  
 Date: \_\_\_\_\_      Producer's Signature: \_\_\_\_\_