

Corporate Name of Applicant _____ Trading Name _____
Address of Applicant _____ City _____
County _____ State _____ Zip Code _____
Mailing Address (If Different) _____

Current Company _____ Renewal Date _____ Current Premium \$ _____

This Owners/Shareholders Information Must Be Entered To Bind Coverage

Owners Name (Principal) _____ SS # _____ D/O/B _____
Home Address _____
Home Phone # _____ Business Phone # _____
If more than one owner, list all on back page. All owners/shareholders must complete to bind.

Business Information

Applicant is a: Corporation _____ Partnership _____ Individual _____ Other _____
Applicant is a: Restaurant _____ Diner _____ Tavern _____ Night Club _____ Banquet Hall _____
Other (Please Specify) _____
Applicant is located in: City _____ Small town _____ Rural area _____ Other _____
Years at this Location _____ # of years in Restaurant/Tavern Business _____
Liquor License # _____ Total occupancy/capacity _____
If less than 3 years at this Location, list previous experience _____

Operations Section

Is Applicant Open Now Yes _____ No _____ If "No", Explain _____
Hours of Operation From _____ To _____ # of Days per Week _____
Is Applicant a Seasonal Operation Yes _____ No _____ If "Yes", Explain _____
Distance to Ocean or Nearest Body of Water _____ Is Risk Eligible for Windstorm Pool? _____

Financial Information

Is Owner or Corporation now or ever involved in: Bankruptcies _____ Foreclosures _____
Tax Liens _____ Business Failures _____ Any Litigations _____
If Yes, Please Explain _____

Physical Plant Section

Age of Building _____ Construction Type _____ Protection Class _____ # of Stories _____
Age of: Wiring _____ Plumbing _____ Heating _____ Roofing _____

Physical Plant Section (cont'd)

Smoke Detectors Yes _____ No _____ If "Yes", Electric _____ Battery Power _____

Fire Alarm Yes _____ No _____ If "Yes", Type: Central Station _____ Local _____

Burglar Alarm Yes _____ No _____ If "Yes", Type: Central Station _____ Local _____

Sprinkler System Yes _____ No _____ If "Yes", Age _____ Type: Wet or Dry System? _____

Kitchen Fire Protection: Yes _____ No _____

U.L. Approved Automatic Extinguishing System under Semiannual Contract _____

Above System Covering All Cooking Surfaces _____

Name of System _____ Wet or Dry System? _____

Automatic Gas or Electric Shut Offs for Cooking _____

Hood and Filters Cleaned Weekly by Staff _____

BC Extinguisher Available in Kitchen _____

Hoods and Ducts Over All Cooking Equipment _____

Hoods and Ducts Maintenance Contract Schedule # Month _____

Entertainment Section

Entertainment Yes _____ No _____ If "Yes", ENTIRE Section MUST be Completed

Nights w/Ent. Fri _____ Sat _____ Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Age of Clientele _____

Type of Entertainment Rock Group _____ DJ _____ Band (Any Kind) _____ Go-Go _____ Karaoke _____

Other (Please Describe) _____

Dance Floor or Stage Exist Yes _____ No _____ Is Dancing Permitted Yes _____ No _____

Amusement Devices (Pool Tables, Video Games, etc.) Yes _____ No _____ If "Yes", # _____

Description _____

Liquor Legal Liability Section

Does Applicant Serve Alcohol Yes _____ No _____ If "Yes", Entire Section MUST be Completed

Does Applicant Have Liquor License Yes _____ No _____ If "Yes", Type and # _____

Does Applicant Sell Package Goods Yes _____ No _____ If "Yes", % of Liquor Receipts _____ %

of Bar Seats _____ Max # of staff per shift: Bartenders _____ Wait Staff _____ Avg. Employment Exp. _____ yrs

Are Employees Given Liquor Training Yes _____ No _____ If "Yes", Explain Type and When Trained _____

Does Applicant Have Written Policy on Serving Alcohol for Employees & Customers Yes _____ No _____

Is Management Notified Prior to Shutting Off Patrons Yes _____ No _____

Is Documentation Kept on Each Incident Yes _____ No _____

of Bars on Premises _____ Is There a Steady Bar Clientele Yes _____ No _____

Is There a Happy Hour Yes _____ No _____ Reduced Price Drinks Yes _____ No _____

Is a Last Call Given Yes _____ No _____ If "Yes", What Time _____

Have There Been Any Liquor Board Violations Yes _____ No _____ If "Yes", List ALL Violations _____

Property Section

Does Applicant Own Building Yes ____ No ____ Is Applicant Required by Lease to Insure Building Yes ____ No ____
Building Limit _____ Co-Ins % _____ ACV _____ R/C _____ Deductible _____
Contents Limit _____ Co-Ins % _____ ACV _____ R/C _____ Deductible _____
Business Income Limit _____ Contribution or Co-Ins % _____ Waiting Period: 72 Hours
Loss of Rents Limit _____ Co-Ins % _____ Deductible _____
Cause of Loss: Basic _____ Special _____
Employee Dishonesty Limit _____ Deductible _____
Property Enhancement Endorsement Requested Yes ____ No ____ (See Web Site for Coverages)
Other Property Coverages Requested _____

Liability Section

General Liability Limit _____ Aggregate _____
Liquor Liability Limit _____ Aggregate _____
Receipts: Food _____ Liquor _____ Other _____ Total _____
Square Footage: Building _____ Restaurant _____ Table Seating Capacity _____
Off Premise Parking Yes ____ No ____ If "Yes", list address and square footage _____

On or Off Premise Catering / Banquet Yes ____ No ____ If "Yes", % of total Receipts ____%
Describe Catering Operation _____
Lodging Operations Other than Apartments Yes ____ No ____ # Apartments if Any _____
If "Yes", Describe: _____
Describe Any Other On or Off Premise Exposure NOT Listed Above _____

Security

Are Any Bouncers, Door Person or Security Used, if Yes Describe Type and Purpose: _____

Are Any Non-Employee Security Services Hired or Contracted, if Yes Describe Type and Purpose: _____

In the Last 12 Months Have Any Emergency Services Been Called; i.e. Police, Ambulance, Fire Yes ____ No ____
If "Yes", Explain _____

Non-Owned Automobile (Hired Auto Not Available)

Is Non-Owned Automobile Requested? Yes ____ No ____ **If Yes, Complete Entire Section**
Number of Employees _____ Does Applicant have a Business Auto Policy? Yes ____ No ____
Any Delivery Use? Yes ____ No ____ List the Business Purposes the Non-Owned Auto will be Utilized for: _____

Additional Interests

Mortgagee and Address 1st _____
_____ Check if None 2nd _____
Additional Insureds 1st _____
_____ Check if None 2nd _____
3rd _____
Loss Payees 1st _____
_____ Check if None 2nd _____

Claims Section

List ALL Claims for Each Section for the Past 5 Years. If None, Then Answer "None".

Property Claims _____

General Liability Claims _____

Liquor Liability Claims _____

Additional Owners/Shareholders Must Be Completed and Signed By All Owners/Shareholders To Bind

Name _____ Soc. Sec. # _____ Date of Birth _____

Name _____ Soc. Sec. # _____ Date of Birth _____

Name _____ Soc. Sec. # _____ Date of Birth _____

The signing of this application does not bind the Applicant nor any company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the acceptance of a contract. It is therefore the warranty of the undersigned that the information contained herein is true and correct, and it is hereby understood that the policy will be warranted based on this information. It is further understood that 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 the person to criminal and civil penalties. I hereby authorize RCA to run any credit reference checks in accordance with the Fair Credit Reporting Act (91-508), should they deem necessary.

Insured's Signature _____ Date _____

Insured's Signature _____ Date _____

Insured's Signature _____ Date _____

(Must Be Signed by All Owners/Shareholders to Bind)

Are you the controlling agent on this account? ☐ Yes ☐ No

Agent _____ Producer _____

Address _____ Phone # () _____

FAX # () _____

Agent Signature _____ E-mail address _____

Comments/Notes

