



# Bars and Taverns/Restaurants/Night Clubs



Submit to: **BLISS & GLENNON**  
For submission directions, see last page.

## BARS AND TAVERNS/RESTAURANTS/NIGHT CLUBS APPLICATION

Check one and Complete Appropriate Sections

- Package (GL & Property) & Liquor Liability       General Liability & Liquor Liability  
 Package (GL & Property)                                       General Liability only  
 Liquor Liability only     Commercial Property only

### GENERAL INFORMATION SECTION

- Applicant's Name: \_\_\_\_\_ D/B/A: \_\_\_\_\_
- Are we the expiring carrier on any of the lines of business checked above?       Yes     No  
If yes, provide policy number(s) \_\_\_\_\_
- Applicant is:       Sole Proprietorship       Partnership       Corporation       LLC       Other \_\_\_\_\_
- Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
- E-mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_
- Location Address: \_\_\_\_\_  
Location # \_\_\_\_\_ Note: submit a separate application for each location.
- Building Interest:       Owner                       Tenant                       If tenant, part occupied \_\_\_\_\_ %
- Business of Applicant (Check all that apply):  
 Bar/Tavern                       Restaurant                       Nightclub                       Banquet Hall  
 Comedy Club                       Adult Entertainment/Strip Clubs       Bowling Alley                       Pool/Billiard Hall  
 Private/Fraternal Club                       Takeout/Package Store       Karaoke/Hostess Bar                       Casino/Gaming  
 Catering-Off Premises                       Other-Describe \_\_\_\_\_
- What is the month and year the current owner began business at this location? \_\_\_\_\_
- Years of experience managing this type of operation (i.e. restaurant, bar, nightclub): \_\_\_\_\_
- Has applicant ever operated this location under a different name or DBA (other than above)?       Yes     No
- If yes, provide name or DBA used: \_\_\_\_\_

**Prohibited    Eligible**

- Has the applicant or majority partner filed for bankruptcy within the past five years?  
(answer does not affect General Liability eligibility)       Yes       No
- Is all electrical system connected to functional and operational circuit breakers?  
(answer does not affect liquor eligibility)       No       Yes
- Does the electrical system have aluminum wiring? (answer does not affect liquor eligibility)       Yes       No
- Does the electrical system have knob & tube wiring? (answer does not affect liquor eligibility)       Yes       No
- Does the applicant have or sponsor any "Teen" or "Under 21" nights, or permit patrons under the age of 21 in a bar area after 10:00 PM? (answer does not affect property eligibility)       Yes       No
- Total Sq Ft of building \_\_\_\_\_ Area occupied by the Applicant-Sq. Ft. \_\_\_\_\_  
Apartment Area-Sq Ft \_\_\_\_\_ #of Apartment Units \_\_\_\_\_ Area Leased to Others -Sq. Ft. \_\_\_\_\_
- What is the latest hour of operation? \_\_\_\_\_
- Is the property seasonal?       Yes     No  
If yes, months closed: \_\_\_\_\_
- Are there Bouncers/Security/Doormen?       Yes     No
- What is the average age of clientele?       Under 21       21-25       Over 25

### 22. Total Annual Receipts

Food - on premises consumption	Food - off premises consumption	Alcohol - on premises consumption	Alcohol - off premises consumption	Describe other Receipts
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____



**GENERAL LIABILITY SECTION**

**23. Limits Desired**

General Aggregate	\$	Personal and Advertising Injury	\$
Products & Complete Operations Aggregate	\$	Fire Damage (Any one fire)	\$
Each Occurrence	\$	Medical Expense (Any one person)	\$

**24. Hired and Non-Owned Auto Liability**

Check if coverage is desired

Note: If Hired/Non-Owned is checked, limit will equal General Liability Occurrence limit.

If checked, answer a through c.

- |   | Prohibited                   | Eligible                     |
|---|------------------------------|------------------------------|
| a. Does the applicant have a Business (or Commercial) Automobile Insurance Policy in force?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| b. Does the applicant regularly deliver goods or products?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| c. Does the applicant require its employees to use their personal automobile to conduct the applicant's business on a regular basis?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 25. Any firearms kept or permitted on premises or are off-duty police officers or armed guards employed?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 26. Is a secondary means of egress provided for each floor (including basement) having public access?   | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| 27. Are there functioning smoke or heat detectors used in all public areas, and if building owner, in all habitational units?   | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| 28. Does applicant have any of the following exposures: mechanical rides, moon bounces, trampoline, rock walls, pyrotechnics or foam machines?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 29. If there is another occupancy in the building, are all deep fat frying appliances protected per NFPA 96 (Automatic Fire Extinguishing System)?                                  | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| 30. Within the past five years has <b>General Liability</b> coverage been cancelled or non-renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ |                              |                              |
| 31. Does applicant have table seating? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                              |                              |
| 32. Does applicant have table service? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                              |                              |

**Entertainment**

33. Is there entertainment of the type listed below?  Yes  No
- Check all that apply:
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> DJ                                 | <input type="checkbox"/> Dancing              | <input type="checkbox"/> Live Bands                       |
| <input type="checkbox"/> Stage/Floor Show                   | <input type="checkbox"/> Outdoor Concert      | <input type="checkbox"/> Solo Vocalist with dancing       |
| <input type="checkbox"/> Comedy Acts                        | <input type="checkbox"/> Adult/Exotic dancing | <input type="checkbox"/> Piano/Guitar Player with dancing |
| <input type="checkbox"/> Other entertainment-Describe _____ |   |   |
- Frequency of entertainment:  0-12 times per year  13-51 times per year  
 1-2 times per week  3 or more times per week  Banquets only

34. If dancing is allowed, size of floor: \_\_\_\_\_ How many times per week? \_\_\_\_\_

35. **Loss History for General Liability** for the past **five (5)** years:  If none, check here

Date of Loss	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

36. List expiring **General Liability** carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium



**LIQUOR LIABILITY SECTION**

**37. Limits Desired**

Each Common Cause Limit	\$	Aggregate Limit	\$
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38. Does the applicant offer entertainment?  Yes  No

If yes, questions 33 and 34 must be completed.

39. Are employees or other persons serving alcohol permitted to consume alcohol during their hours of employment or service?  Yes  No

40. If open past 2 AM, is a special license required to stay open late?  Yes  No

41. Does or will applicant ever offer (include special events such as New Years Eve parties, etc):
- a. Beer for less than \$1.00  Yes  No
  - b. Liquor or wine for less than \$1.50  Yes  No
  - c. Multiple drink incentives (e.g.: 2 for 1's, every 3rd drink is free, etc)  Yes\*  No
  - d. Single drink servings larger than 24 ounces  Yes\*  No
  - e. "All you can drink" specials or other offers involving unlimited alcoholic beverages?  Yes\*  No
  - f. Drink specials before 4 PM or after 9 PM  Yes\*  No
  - g. Complimentary drinks  Yes\*  No

\* If "yes," describe type of drink(s), size (oz.), cost and time(s) offered: \_\_\_\_\_

42. If alcohol sales equal or exceed food receipts:
- a. Are patrons under the legal drinking age permitted on the premises?  Yes  No
  - b. Are patrons under the legal drinking age permitted on the premises after 10 PM?  Yes  No
- If "no," how is this enforced?: \_\_\_\_\_

43. Is the applicant's premises located in a jurisdiction which permits civil cases to be heard in a Tribal Court? (If yes, not eligible)  Yes  No

44. Does applicant ever sell or serve alcohol away from the premises shown in Question 5?  Yes  No  
If off-premises coverage is desired, attach a complete Off-Premises Supplemental Application, form LLA-OPS to this submission.

45. Does applicant have a valid liquor license?  Yes  No
- a. Name on license: \_\_\_\_\_ License #: \_\_\_\_\_
  - b. License Type (Class D licenses prohibited in Utah): \_\_\_\_\_

46. Does applicant permit "BYOB" (bring your own bottle) or set-ups?  Yes  No  
If "yes," explain: \_\_\_\_\_

47. Are facilities available for banquets, receptions or private affairs?  Yes  No
- a. If "yes," how many per year?  0-12  13-52  53-99  100+
  - b. Does applicant serve alcohol at all events?  Yes  No
- If "no," will lessee be required to carry liquor liability insurance at equal or greater limits?  No  Yes

48. Are all alcohol-servers certified in a Formal Alcohol Training Course?  Yes  No  
If yes, provide name of the course (ie.: TIPS, TAM, RAMP, BEST, etc): \_\_\_\_\_

49. Are guns kept or permitted on premises?  Yes  No

50. Within the past five years, has **Liquor Liability** coverage been cancelled or non-renewed?  Yes  No  
If "yes," explain: \_\_\_\_\_

51. What limits are carried for General Liability Coverage? \_\_\_\_\_

**52. Violations:**

- a. Within the past **five (5)** years, has applicant been fined or cited for violations of law or ordinance related to illegal activities or the sale of alcohol?  Yes  No
- b. If "yes," provide the following information on each fine or citation:  
Date(s): \_\_\_\_\_  
Description(s): \_\_\_\_\_



Fines and/or penalties assessed: \_\_\_\_\_

Measures in place to prevent future violations: \_\_\_\_\_

**53. Claims:**

a. Within the past **five (5)** years, has the applicant had any reported liquor liability and/or assault and battery claims or notifications of potential liquor liability and/or assault and battery claims?  Yes  No

b. If "yes," provide the following information on each **Liquor Liability** claim:

Date of Loss	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	

Measures in place to prevent further incidents: \_\_\_\_\_

**54. List expiring Liquor Liability carrier, term, limits and premium:**

Carrier	Policy Term	Limits	Premium

**PROPERTY SECTION**

51. Is all electrical system connected to functional and operational circuit breakers? (answer does not affect liquor eligibility)

No  Yes

52. Does the electrical system have aluminum wiring? (answer does not affect liquor eligibility)

Yes  No

53. Does the electrical system have knob & tube wiring? (answer does not affect liquor eligibility)

Yes  No

**54. Limits Desired and Rating Information.**

Note: If Total Insured Value for Protection Class 1-8 is over \$500,000 or Protection Class 9-10 is over \$200,000, property is not eligible.

Building Construction	Protection Class	Deductible	Cause of Loss
<input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry NC <input type="checkbox"/> Fire Resistive	<input type="checkbox"/> 1-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Basic <input type="checkbox"/> Special/excluding theft <input type="checkbox"/> Special (requires a Central Station Burglar Alarm)
<b>Building Limit:</b>	\$	Coinsurance (80% minimum) _____ <input type="checkbox"/> ACV <input type="checkbox"/> RC	
<b>Improvements and Betterments Limit:</b>	\$	Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
<b>Business Personal Property Limit:</b>	\$	Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
<b>Business Income Limit:</b>	\$	Coinsurance: <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> With Extra Expense or Monthly Limit of Indemnity <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> Without Extra Expense	
<input type="checkbox"/> Value Plus Endorsement (Requires a Central Station Burglar Alarm)			
<input type="checkbox"/> Employee Dishonesty \$		# of Employees	
<input type="checkbox"/> Money & Securities \$	Inside \$	Outside (\$500 Standard Deductible)	
<input type="checkbox"/> Burglary & Robbery \$	Inside \$	Outside (\$500 Standard Deductible)	
<input type="checkbox"/> Outdoor Signs \$			
<input type="checkbox"/> Equipment Breakdown (Coverage requires a maintenance contract for all refrigeration units)			

55. Has owner ever been convicted of the felony of arson?

Yes  No

56. Are there any pyrotechnics or foam machines?

Yes  No

**58. Cooking Supplement-If no cooking, check here**

a. Is there a cleaning contract in force with an outside firm?

No  Yes

b. Describe Cooking equipment used:

Grills  Open Flame  Oven  Deep Fat Fryers  
 Charcoal grill  Barbeque Pit/Smoke Type or Brand \_\_\_\_\_ Distance from building: \_\_\_\_\_ ft.

c. Are the cooking area, hood and duct system protected per NFPA 96 (Fire Extinguishing System)  Yes  No



d. Type of Extinguishing system:  Wet  Dry

e. Is vegetable oil used in cooking?  Yes  No

59. Is the plumbing completely PVC or Copper (No Iron or Lead)?  Yes  No

60. Type of roof?  Flat  Pitched

61. Roof Updated, yr. \_\_\_\_\_ Electrical Updated, yr. \_\_\_\_\_ Plumbing Updated, yr. \_\_\_\_\_ Heating Updated, yr. \_\_\_\_\_

62. Is the property seasonal?  Yes  No If yes, months closed: \_\_\_\_\_

63. Age of building: \_\_\_\_\_

64. Are there vacancies in the building?  Yes  No If "yes," what percentage? \_\_\_\_\_%

65. Burglar Alarm:  Local  Central Station Burglar Alarm

66. Fire Protection:  Sprinklers  Central Station Fire Alarm  
 Local Fire Alarm  Annually Serviced Fire Extinguisher(s)

67. If applicant is the building owner, are there other occupancies?  Yes  No

68. Within the past five years, has **Property** coverage been cancelled or non-renewed?  Yes  No

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

69. **Loss History for Property** for past **three (3)** years:  If none, check here

Date of Loss	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	

70. List expiring **property** carrier, term, limits and premium:

Carrier	Term	Limits	Premium

**MORTGAGEES/ADDITIONAL INSUREDS/LOSS PAYEES**

71. List name, Address and Interest of each:

Indicate applicable section:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Interest: \_\_\_\_\_

Property  GL  Liquor

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Interest: \_\_\_\_\_

Property  GL  Liquor

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Interest: \_\_\_\_\_

Property  GL  Liquor

**INSPECTION AND AUDIT CONTACTS**

72. Inspection Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

73. Audit Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Applicant's Warranty Statement:** The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.



**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 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.

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Owner or Officer)

Broker's Signature \_\_\_\_\_

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker \_\_\_\_\_

Address: \_\_\_\_\_

Mail complete application through local Agent or Broker to: \_\_\_\_\_

\_\_\_\_\_

Submit by fax or email to the regional office that serves your primary location:



### West

San Francisco, CA  
Morgan Hill, CA  
Redondo Beach, CA  
Santa Clarita, CA  
San Diego, CA

Fax: 415-955-1924  
Fax: 408-778-6096  
Fax: 310-372-1903  
Fax: 661-297-7619  
Fax: 760-737-7989

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### Central

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### Midwest

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### Northeast

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### All Regions

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