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Agency _____ Code _____
 Producer _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

Bar, Restaurant or Tavern General Liability Application

Proposed Dates: From _____ to _____

Applicant Name _____ Inspection Contact _____
 DBA _____ Inspection Contact Phone Number _____
 Mailing Address _____ Location Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Phone: Day _____ Evening _____ Website _____

Individual Partnership Joint Venture Trust LLC Corp or Other Organization: _____

Business Description _____
 Length of Time in Business/Experience _____ yrs _____ mos New Venture? Yes No Non-Profit? Yes No
 Prior Carrier _____ Expiring Premium \$ _____ Lapse in Coverage? Yes No, Reason _____

Any Claims in Last Three Years? Yes No, Describe and Attach Loss Runs _____

Has any Company Cancelled or Refused Coverage to the Applicant? Yes No, Reason _____

Is applicant in Bankruptcy? Yes No, Describe _____

DESIRED LIMITS & COVERAGES (Please Note: Quotation may not conform to limits and coverages requested on application.)

LIABILITY LIMITS \$ _____ Per Occurrence / \$ _____ Aggregate

Liquor Liability: Please complete Liquor Liability Application to obtain a quote for this coverage.

1. Classification of risk (select all that apply):

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Banquet facility | <input type="checkbox"/> Bring your own bottle establishment | <input type="checkbox"/> Disco | <input type="checkbox"/> Membership club |
| <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Cabaret | <input type="checkbox"/> Country club | <input type="checkbox"/> Fine Dining |
| <input type="checkbox"/> Bowling center | <input type="checkbox"/> Comedy Club | <input type="checkbox"/> Deli | <input type="checkbox"/> Gentlemen's/Strip Club |
| | | | <input type="checkbox"/> Nightclub |
| | | | <input type="checkbox"/> Restaurant |

2. Annual gross sales:

| | Past Twelve (12) Months | Next Twelve (12) Months |
|---------------|-------------------------|-------------------------|
| Alcohol Sales | | |
| Food Sales | | |
| Gambling | | |
| Other | | |
| Total | | |

3. Number of years under current management: _____

4. Opening and closing time per day? _____

5. Are there any catering services available? Yes No

If yes: Off premises On premises Gross sales: _____

6. Maintenance of building is: Good Average Poor

7. Housekeeping is: Good Average Poor

8. Square footage of bar/tavern/restaurant: _____

9. Are facilities available for use or rent for private parties, receptions, banquets or similar affairs? Yes No

If yes: Number of times per year: _____

10. Schedule Of Hazards:

| Loc. No. | Classification Description | Class. Code | Exposure | Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other |
|----------|----------------------------|-------------|----------|--|
| | | | | |
| | | | | |
| | | | | |

11. Are patrons allowed to bring and drink their own alcoholic beverages on the premises? Yes No

If yes:

a. Are there procedures in place for handling violent or disruptive patrons?..... Yes No

b. Is there table service?..... Yes No

c. Does applicant also sell alcohol? Yes No

12. Does applicant advertise or promote "happy hour" or other events when drinks are sold at a lower price than usual?..... Yes No

13. Does applicant subscribe to a taxi or other service providing transportation home to apparently intoxicated persons? Yes No

If yes, describe: _____

14. Is there Hookah exposure (communal smoking)?..... Yes No

If yes:

a. Any blending of tobacco by applicant? Yes No

If yes, what percentage of tobacco products?..... _____%

b. Does applicant import any tobacco products? Yes No

If yes, what percentage of tobacco products?..... _____%

c. Does applicant allow underage persons to purchase and/or use the products? Yes No

d. How often does applicant clean pipes, tubing and mouthpieces? _____

15. Entertainment:

a. Is there any live entertainment on premises? Yes No

If yes: Number of times per week: _____

Describe: (include go-go dancers, topless, disco, exotic, female/male): _____

b. Is there dancing? Yes No

If yes: Number of times per week: _____

Square footage of dance floor: _____

c. Does applicant have any mechanical or amusement devices? Yes No

If yes: How many? _____

Describe: _____

d. Is there a minimum or cover charge? Yes No

e. Are there sports on the premises? Yes No

If yes: Provide complete details: _____

f. Are sports sponsored off premises? Yes No

If yes: Number of times per week: _____

Give details: _____

g. Does applicant sponsor any special events? Yes No

If yes: Describe: _____

h. Is there any gambling?..... Yes No

If yes: Are there any "live" dealers?..... Yes No

Number of gambling machines? _____

i. Is there a play area for children? Yes No

j. Are there any drinking games (i.e., beer pong, flip cup)? Yes No

If yes: Describe: _____

k. Are there any pub crawls (pedal bus or motorized)?..... Yes No

16. Does applicant have a parking area? Yes No

If yes:

Is parking area well lit? Yes No

Is snow removal performed by outside contractors or employees? Yes No

If outside contractors, is a certificate of insurance provided? Yes No

17. Is valet parking provided on premises? Yes No

If yes, is parking done by applicant's employees? Yes No

If yes, where is Garage Liability Coverage insured? _____

If no, advise by whom: _____

18. Are surrounding premises:

Downtown district Residential/commercial Rural Shopping center Waterfront

Industrial Resort Seasonal Suburban commercial

If waterfront, does applicant provide boat docking facilities for patrons?..... Yes No

If yes, how many docking spaces for boats? _____

19. Clientele:

Local residents Families Retirement community College students Seasonal residents

Median age of patrons: 18-25 26-30 31-40 41 and over

Are premises located near a college or university? Yes No

20. In the past five years, has applicant been cited by the Liquor Control Commission? Yes No

If yes, give date(s) and full explanation: _____

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

22. Number of bouncers, doormen or security personnel: _____

Are bouncers, doormen or security personnel either employees or independent contractors? _____

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

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

Total number of employees: _____

24. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

Does applicant have Apartments? If yes number of units. _____ Yes No

25. Additional Insured Information:

| Name | Address | Interest |
|------|---------|----------|
| | | |
| | | |
| | | |

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.

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.

NOTICE TO OHIO APPLICANTS: 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.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

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.