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Agency \_\_\_\_\_ Code \_\_\_\_\_  
Producer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### **Bar, Restaurant or Tavern Package Application**

Proposed Dates: From \_\_\_\_\_ to \_\_\_\_\_

*(Please Note: Quotation may not conform to limits and coverages requested on application.)*

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 for Lapse \_\_\_\_\_  
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 \_\_\_\_\_

### **Property Section**

**Building \$** \_\_\_\_\_  ACV  Market Value  RC (available only if < 30 yrs old or full updates in last 15 yrs)  
**Bus Pers Prop \$** \_\_\_\_\_  ACV  RC (available only if < 3 yrs old), **Loss Of Income \$** \_\_\_\_\_  
**Sign \$** \_\_\_\_\_ **Equip Breakdown**  Yes  No, **Other** \_\_\_\_\_ **\$** \_\_\_\_\_  
**Purchase Price \$** \_\_\_\_\_ **Planned Improvements**  Yes  No, \$ \_\_\_\_\_ Describe: \_\_\_\_\_  
 Basic  Broad (available only if < 30 years old or full updates in last 15 yrs)  Special (Central Station Alarm required)  
Deductible:  \$1,000  \$2,500  \$5,000  
Year Built \_\_\_\_\_ # Stories \_\_\_\_\_ Construction \_\_\_\_\_ Square Feet \_\_\_\_\_ Percentage Occupied \_\_\_\_\_ %  
Year Updated: Roof \_\_\_\_\_ Wiring \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_  
Wiring:  Copper  Circuit Breakers  Fuses  Aluminum, CopAlum crimp method used on connections?  Yes  No  
Exposure & Distance: Right \_\_\_\_\_ Left \_\_\_\_\_ Rear \_\_\_\_\_  
Within City Limits?  No  Yes, Population \_\_\_\_\_ Prot Class \_\_\_\_\_ Dist to Fire Dept \_\_\_\_\_ Dist to Hydrant \_\_\_\_\_  
Type of Area (Check All that Apply):  Urban  Suburban  Rural  Industrial  Comm1  Residential  Developing  
General Condition of Building: \_\_\_\_\_  
Central Station Alarm?  Yes  No, If Yes,  Fire  Burglar Sprinkler System?  Yes  No, If Yes,  Wet  Dry  
Cooking on Premises?  Yes  No, If Yes, Deep Fryer?  Yes  No, If Yes, Temperature Limit Prot.?  Yes  No  
Is there a smoker/BBQ pit on premises?  Yes  No,  Inside  Outside, Protected by fire suppression?  Yes  No  
Automatic Extinguisher?  Yes  No, If Yes, Semi-Annual Maintenance Contract?  Yes  No  
Procedure for Disposal of Ashtray Contents: \_\_\_\_\_  
Flammables on Premises?  Yes  No, Describe Type, Amount and Storage Method \_\_\_\_\_

## General Liability Section

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"/> Nightclub       |
| <input type="checkbox"/> Bowling center   | <input type="checkbox"/> Comedy Club                         | <input type="checkbox"/> Deli                   | <input type="checkbox"/> Restaurant      |
|   |  | <input type="checkbox"/> Gentlemen's/Strip Club |  |

**2. Annual gross sales:**

	Past Twelve (12) Months	Next Twelve (12) Months
Alcohol Sales		
Food Sales		
Gambling		
Other		
<b>Total</b>		

**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. Mortgagee/Loss Payable Information:  Mortgagee  Contract Buyer  Contract Seller  Loss Payable  Addtl. Insured

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: \_\_\_\_\_

— 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.