



RESTAURANTS & BARS

Please print, complete, fax to us at 269-552-9813.

Corporation: Legal Name & DBA: _____

Contact person: _____

Physical address: _____

Mailing Address: _____

Email address: _____

Phone #: _____ Fax# _____

Website: _____ Cell #: _____

Effective Date/ Renewal Date: _____ # of years in business _____

Total Years of Owner/ Management experience? _____

Total Annual Sales: _\$ _____

Annual Food Receipts: _____ Annual Alcohol Receipts: _____

Cover/Admission Receipts: _____ Misc. Receipts: _____

Building Information: Sq. Feet of Building: _____ Number of Stories _____

Basement? _____ List Adjacent Tenants: _____

Building Construction Type: Year Built: _____

Roof Construction Type & Age: _____

Updates/year: wiring _____; roofing _____; plumbing _____; heating _____

Located within city limits? _____ Paid or Volunteer Fire Dept? _____

Distance to shoreline ? _____ miles

Cooking: Yes or No; if yes, Ansul system?: _____

Cleaning company name? _____ How often? _____

Auto fire extinguishing system? _____ Vent/Ducts Serviced? _____ Serve Raw Seafood? _____

Operations: Security System: _____ Name of Monitoring Co: _____

How many Fire Extinguishers? _____ Sprinklered? _____ Distance from fire hydrant? _____ Ft.

Distance from Fire Station? _____ Miles Hours of Operation: From _____ to _____

Circle Days Open: M, T, W, Th, F, Sat., Sun.



Entertainment:

Is there entertainment? _____ What type & how often? _____

How many video games, pool tables, darts, etc? _____

Dancing: Yes or No? If Yes, Sq. Feet of Dance Floor: _____

Coverage:

Liability Amount: _____ Liquor Liab: _____

Assault & Battery: _____ Non-owned/hired auto: _____

Building Amount: _____ Contents Amount: _____

Tenant Improvements: _____ Loss of Income: _____

Do you currently have insurance? _____ With Who: _____

Present Premium: _____ Policy #: _____

Loss Information (Prior Five Years; Dates & Amounts): _____

Loss Payee Info: _____

Additional Insured Info: _____

General Information: Any past losses, claims or cancellations within the past 3 years? _____

If yes, please explain: _____

Any bankruptcies, tax or credit liens against the applicant in the past five years? _____

Is parking lot under insureds control? _____ If yes, square footage: _____

Is valet parking provided? _____ If yes, employees or service? _____

Has there been any incidents involving assault & battery in the past three years? _____

Number of bartenders/servers? Bartenders _____ Servers _____

What is the seating capacity? _____ When is Happy Hour? _____

Ladies Night? _____ What type of Certified training for bartenders and

servers? _____ Federal Tax ID # _____

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