



**Western Heritage**  
Insurance Company

**The Walnut Advisory Corporation**  
95 Mt. Bethel Road  
Warren, NJ 07059

6263 North Scottsdale Road, Suite 240 • Scottsdale, Arizona 85250  
1-800-873-9442 • Fax (480) 596-7859

**Bars/Restaurants/Taverns General Liability Application**

Applicant's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Location \_\_\_\_\_

Agent Name \_\_\_\_\_  
Address \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:**

From \_\_\_\_\_ To \_\_\_\_\_  
12:01 A.M., Standard Time at the address of the Applicant.

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture  
 Limited Liability Company  Other (Specify): \_\_\_\_\_

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

**A. Classification of risk:**

- Tavern  Disco  Bowling center  Caterer:  Off premises  On premises  
 Restaurant  Banquet facility  Membership club  Country club

**B. Annual sales:**

	Past 12 Months	Next 12 Months
Liquor Sales		
Food Sales		
Other		
<b>Total</b>		

**C. Are surrounding premises:**

- Downtown district  Industrial  Seasonal  Rural  Resort  
 Waterfront  Suburban Commercial  Residential/commercial  Shopping center

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

If yes, docking space for how many boats? \_\_\_\_\_

**D. Clientele:**

Local Residents    Families    Retirement community    College Students    Seasonal residents  
Median age of patrons:    18-25    25-30    30-40    40 and over  
Are premises located near a college or university?.....  Yes  No

**E. Entertainment:**

Is there any live entertainment on premises? .....  Yes  No  
Number of times per week:: \_\_\_\_\_  
If yes, describe (include go-go dancers, topless, disco, exotic, female/male): \_\_\_\_\_  
Is there dancing? .....  Yes  No  
Number of times per week:: \_\_\_\_\_   Square footage of dance floor: \_\_\_\_\_  
Does applicant have amusement devices?.....  Yes  No  
If yes, how many? \_\_\_\_\_   Describe: \_\_\_\_\_  
\_\_\_\_\_

Is there a minimum or cover charge? .....  Yes  No  
Sports on premises? .....  Yes  No  
If yes, provide complete details: \_\_\_\_\_  
\_\_\_\_\_

Sports sponsored off premises? .....  Yes  No  
Number of times per week:: \_\_\_\_\_   Give details: \_\_\_\_\_  
\_\_\_\_\_

**F. General Information:**

Are facilities available for use or rent for private parties, receptions, banquets or similar affairs? .....  Yes  No  
If yes, number of times per year: \_\_\_\_\_   Describe: \_\_\_\_\_  
\_\_\_\_\_

Does applicant advertise or promote "happy hour" or other events when drinks are sold at a lower price than usual?.....  Yes  No  
Do you subscribe to a taxi or other service providing transportation home to apparently intoxicated persons?.....  Yes  No  
If yes, describe: \_\_\_\_\_

Number of years under current management: \_\_\_\_\_   How many hours per day is applicant open? \_\_\_\_\_  
Types of meals served:    Full meals    Short order  
Maintenance of building is:  Good    Average    Poor  
Housekeeping is:    Good    Average    Poor  
Does applicant have parking area? .....  Yes  No  
Is lot well lit? .....  Yes  No  
In the past five years has applicant been cited by the Liquor Control Commission? .....  Yes  No  
If yes, give date(s) and full explanation: \_\_\_\_\_  
\_\_\_\_\_

Are police records and background checks conducted on employees?.....  Yes  No  
Number of bouncers or doormen: \_\_\_\_\_  
Are security guards/bouncers/doormen employees or independent contractors? \_\_\_\_\_

**F. General Information: (cont.)**

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

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

Does applicant lease employees? .....  Yes  No

Total number of employees: \_\_\_\_\_

**G. During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri).....**  Yes  No

If so, explain: \_\_\_\_\_

**Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.**

YEAR	COMPANY	POLICY NO.	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

**SCHEDULE OF HAZARDS**

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem./Ops.	Products	Prem./Ops.	Products

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.

**APPLICABLE IN THE STATE OF NEW YORK:**

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.

**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.

I/We agree to submit records for audit by the Company upon termination or expiration of this policy for the determination of actual gross receipts during the coverage period.

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

AGENT NAME \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

*(Applicable to Florida Agents Only.)*

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 requests, additional information as to the nature and scope of the report, if one is made, will be provided.

**ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE**



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## RESTAURANT, BAR AND TAVERN QUESTIONNAIRE

### General Information

#### 1. Nature of Operations:

- |   |  |
|---|--|
| <input type="checkbox"/> Restaurant       | <input type="checkbox"/> Night Club    |
| <input type="checkbox"/> Neighborhood Bar | <input type="checkbox"/> Private Club  |
| <input type="checkbox"/> Sports Bar       | <input type="checkbox"/> Retail Stores |

#### 2. Receipts:

Food	\$ _____	Catering	\$ _____
Liquor	\$ _____	Other (Describe)	\$ _____

#### 3. Hours of Operation:

Monday – Thursday \_\_\_\_\_  
Friday & Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

#### 4. Location:

- |                                      |                                |
|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Rural |

#### 5. Clientele:

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Family   | <input type="checkbox"/> Neighborhood     |
| <input type="checkbox"/> Business | <input type="checkbox"/> College Students |
| <input type="checkbox"/> Tourist  |   |

#### 6. Amusement Devices:

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Pool Table  | <input type="checkbox"/> Darts                  |
| <input type="checkbox"/> Video Games | <input type="checkbox"/> Other (Describe) _____ |

7. Sponsor athletic teams? .....  Yes  No

If yes, describe: \_\_\_\_\_



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8. Dance floor?.....  Yes  No

If yes, dimensions: \_\_\_\_\_

9. Entertainment?.....  Yes  No

If yes:

a. How often? \_\_\_\_\_

b. What kind?

- Musician
- D.J.
- Jukebox

- Comedian
- Dancers
- Band

Kind of music:

- Jazz
- Country
- Rock
- Other \_\_\_\_\_

10. Any firearms on premises?.....  Yes  No

11. Do you employ bouncers?.....  Yes  No

12. Are ashtrays emptied into covered metal containers?.....  Yes  No

Kitchen Exposure

1. Cooking equipment:

- Range
- Open-Hearth Broilers
- Oven
- Deep-Fat Fryers
- Grill

2. Is there an automatic fuel cut-off valve on the natural gas supply line?.....  Yes  No

3. Is there a hood and duct system covering all cooking surfaces?.....  Yes  No

If yes:

a. How often is it cleaned? \_\_\_\_\_

b. Is maintenance done under contract?.....  Yes  No

4. Is there an automatic extinguishing system?.....  Yes  No

If yes:

a. Does it cover all cooking surfaces?.....  Yes  No

b. Date last serviced? \_\_\_\_\_

c. Is maintenance done under contract?.....  Yes  No

5. Are there currently tagged BC fire extinguishers?.....  Yes  No

6. Is housekeeping satisfactory?.....  Yes  No



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Liquor Exposure

1. Name of licensee: \_\_\_\_\_
2. License number: \_\_\_\_\_
3. Has applicant ever had a liquor license refused, suspended or revoked?.....  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
4. Has applicant ever had a liquor violation? .....  Yes  No  
If yes, explain: \_\_\_\_\_
5. Prior carrier information for Liquor Liability:
  - a. Company Name/Policy No.: \_\_\_\_\_
  - b. Policy period: \_\_\_\_\_
  - c. Policy limits: \_\_\_\_\_
  - d. Premium: \$ \_\_\_\_\_
6. Ever cancelled or non-renewed? .....  Yes  No  
If yes, explain: \_\_\_\_\_
7. Has applicant had any liquor liability claims in the past three years? .....  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
8. Promotional events:  
Type:  Happy Hour  Ladies Night  Sports Night  Other: \_\_\_\_\_  
How often? \_\_\_\_\_  
Duration? \_\_\_\_\_
9. Have bartenders and servers completed a course in alcohol awareness? .....  Yes  No
10. How do bartenders and servers prevent sale of alcohol to intoxicated persons? \_\_\_\_\_  
\_\_\_\_\_