



BARS/RESTAURANTS/TAVERNS GENERAL LIABILITY SUPPLEMENT
(Include Acord application)

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

Classification of risk: Tavern Disco Bowling Center Off premises caterer
 Restaurant Banquet facility Membership club On premises caterer

Annual Sales		Past 12 Months	Next 12 Months
	Liquor Sales		\$ _____
Food Sales		\$ _____	\$ _____
Other		\$ _____	\$ _____
Total		\$ _____	\$ _____

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? _____

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? _____

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: _____

Does applicant have playgrounds? 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: _____

Describe: _____

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: _____ Percentage of catering: _____%

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 patrons? Yes No

If yes, please 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? _____

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: _____

During the past three years, has any company ever cancelled, declined, or refused to issue similar insurance to the applicant? Yes No
 If yes, please explain: _____ *Not applicable in Missouri*

Schedule of Hazards								
Location No.	Classification	Class Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Others	Terr	Rate		Premium	
					Prem/Ops	Products/ Comp Ops	Prem/Ops	Products/ Comp Ops

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

 Applicant's Signature

 Producer's Signature

 Date