



Nightclubs & Restaurants Supplemental Application
(To be submitted with ACORD Applications)

1. Applicant:			
2. Website Address:			
3. Have you had any claims during the last 3 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "yes", please explain:			
b. Total amount paid/reserved for each claim?			
4. Have you ever operated this location under a different name or DBA (other than above)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, provide name or DBA used:			
5. Describe all operations in detail:			
6. Hours of operation?	M – W: to	Thur – F: to	Sat – S to
7. Date of Corporate Filing or DBA:			
8. Length of time in business:			Years Months
9. Years of experience managing this type of operation (i.e. restaurant, bar, nightclub):			Years Months
10. Have you or a majority partner filed for bankruptcy within the past five years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Within the past five years has General Liability coverage been cancelled or non-renewed? If yes, why?			<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Building Interest:	<input type="checkbox"/> Owner		<input type="checkbox"/> Tenant
13. Total area of building			Sq. Ft.
a. Area that you occupy:			Sq. Ft.
14. Are there any other occupants in the building?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes", please describe:			
15. Receipts			
Food Sales – Sit Down	\$	Liquor Sales	\$
Food Sales – On-Site Banquet	\$	Merchandise Sales	\$
Food Sales – Off-Site Catering	\$	# Playgrounds	\$
Cover Charges	\$	Other:	\$
16. Is your establishment located in a jurisdiction that permits civil cases to be heard in a Tribal (Indian) Court?			<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Do you have or sponsor any "Teen" or "Under 21" nights, or permit patrons under the age of 21 in a bar area after 10:00 PM?			<input type="checkbox"/> Yes <input type="checkbox"/> No
18. What is the average age of clientele?			To
19. Is the establishment seasonal?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes", months closed:	<input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D		
20. Do you own or rent any of the following?	<input type="checkbox"/> Mechanical rides	<input type="checkbox"/> Moon bounces	<input type="checkbox"/> Trampolines
	<input type="checkbox"/> Rock walls	<input type="checkbox"/> Trapeze	<input type="checkbox"/> Other:
21. Do you own host any type of entertainment (Check all that apply)?	<input type="checkbox"/> Adult/Exotic Dancing/Acts	<input type="checkbox"/> Dancing. Size of Dance Floor:	<input type="checkbox"/> Live Bands. Number of nights per week?
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Comedy Acts	<input type="checkbox"/> DJ
<input type="checkbox"/> Stage/Floor Show	<input type="checkbox"/> Solo Vocalist		
<input type="checkbox"/> Piano/Guitar Player	<input type="checkbox"/> Piano/Guitar Player <input type="checkbox"/> "Name" talent <input type="checkbox"/> Other entertainment (describe):		
22. Do you host or any hosted act use the following?		<input type="checkbox"/> Pyrotechnics	<input type="checkbox"/> Foam machines
23. What type of music is played? <input type="checkbox"/> Rock <input type="checkbox"/> CW <input type="checkbox"/> R&B <input type="checkbox"/> Rap <input type="checkbox"/> Heavy Metal <input type="checkbox"/> Grunge <input type="checkbox"/> Oldies <input type="checkbox"/> Jazz Other:			
24. Are patrons allowed to bring their own alcohol (BYOB)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

25. Any firearms kept or permitted on premises or are off-duty police officers or armed guards employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there:	<input type="checkbox"/> Bouncers, #	<input type="checkbox"/> Security Personnel
27. Has there ever been an incident of violence where police were called?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "yes", please explain:		
28. Within the past five (5) years, has applicant been fined or cited for violations of law or ordinance related to illegal activities or the sale of alcohol?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "yes", please provide the following for each fine or citation: date(s), description(s), fines and/or penalties assessed:		
29. Within the past five (5) years, has the applicant had any reported assault and battery claims or notifications of potential assault and battery claims?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "yes", please provide details:		
30. What is maximum occupancy?		
31. Number of exits?		
32. Is a secondary means of egress provided for each floor (including basement) having public access?		<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Is there emergency lighting?		<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Are smoke or heat detectors used in all public areas?		<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are facilities available for banquets, receptions or private affairs?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "yes," how many functions are held per year?		
36. Are cooking operations performed to NFPA Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
37. Is there a dock or over-water exposure at the subject location?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Is there:	<input type="checkbox"/> Rec. Equip. Rental	<input type="checkbox"/> Boat rental
38. Do you take possession of watercraft or assist watercraft docking in any way?		<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Is there a fully operational hood and duct fire extinguishing system?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. How often is it serviced?		
40. Do you contract with a pest control service?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. How often serviced?		
41. Is there a system for dating food deliveries by food suppliers?		<input type="checkbox"/> Yes <input type="checkbox"/> No
42. When was last inspection by Board of Health?		
a. Number of violations:		
b. Please attach a copy of the most recent inspection report / findings if available:		<input type="checkbox"/> Attached

PRODUCER'S SIGNATURE

DATE:

APPLICANT'S SIGNATURE

DATE:

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:

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