

Ashland General Agency, Inc.
RESTAURANT / BAR / TAVERN LIABILITY SUPPLEMENTAL

(Complete in addition to the **Acord** General Liability Application)

(Answer **ALL** questions - if they do not apply, indicate not applicable)

NAME (include dba / Inc. / LLC) : _____

1. Classification of risk:

- Restaurant Banquet Facility Night Club Neighborhood Bar Tavern Country Club/Private Club
 Retail Store Bowling Center Sports Bar Membership Club Disco Caterer : Off Premises On Premises

2. Number of years experience in this field: _____ Number of years in business: _____

3. Hours of operation: Mon. - Thurs. _____ Fri. & Sat. _____ Sun. _____

4. Annual Sales:

	Past 12 Months	Next 12 Months
Liquor Sales	\$ _____	\$ _____
Food Sales	\$ _____	\$ _____
Other (describe):	\$ _____	\$ _____
Total	\$ _____	\$ _____

5. Are surrounding premises: Downtown District Suburban Commercial Industrial Rural
 Waterfront Shopping Center Residential / commercial Seasonal Resort

If waterfront, does applicant provide boat docking facilities for patrons?..... yes no

If yes, docking space for how many boats?..... yes no

6. Clientele: Local Residents Families Retirement community College Students Seasonal residents

Median age of patrons: 18-25 25-30 30-40 40 and over

7. Service: Are there any tables?..... yes no

Is there any table service? yes no

8. Entertainment:

a) Is there any **live** entertainment on premises?..... yes no

If yes: Number of times per week: _____ Is there a Jukebox?..... yes no

Musician DJ Comedian Dancers Band Other: _____

Kind of music: Jazz Country Rock Other: _____

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 amusement devices? yes no

If yes: How many: _____ Describe: _____

d) Is there a minimum or coverage charge?..... yes no

e) Sports on premises?..... yes no

If yes, provide complete details: _____

f) Sports sponsored off premises?..... yes no

Number of times per week: _____ Give details: _____

9. General Information:

a) 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: _____

b) Is "happy hour" or other events when drinks are sold at a lower price than usual advertised/promoted?.... yes no

c) Is a taxi or other service providing transportation home to apparently intoxicated persons subscribe to?... yes no

If yes, describe: _____

d) Types of meals served: Full Meals Short Order

e) Does applicant have parking area?..... yes no

Is lot well lit?..... yes no

f) In the past 5years has applicant been cited by the Liquor Control Commission?..... yes no

If yes, give date(s) and full explanation: _____

g) Are police records and background checks conducted on employees?..... yes no

h) Number of bouncers or doormen? _____

i) Are security guards / bouncers / doormen employees or independent contractors?.... N/A Emp. Ind. Cont.

j) If independent contractors, do they provide Certificates of Insurance and Additional Insured Endorsement to the applicant?..... yes no

k) Does applicant have Workers' Compensation coverage in force?..... yes no

l) Does applicant lease employees?..... yes no

m) Total number of employees: _____

This supplemental application does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. 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 Signature

Print Signee

Date

Producer's Signature