

**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):	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>

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 5 years 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