

Commercial General Liability and Liquor Liability

47. General Aggregate \$ _____ Fire Damage (Any one fire) \$ _____
 Products and completed Operations Aggregate \$ _____ Medical Expense (Any one person) \$ _____
 Personal and Advertising Injury \$ _____ Liquor Liability (Each common cause) \$ _____
 Each Occurrence \$ _____ Liquor Liability (Aggregate) \$ _____
 GL Deductible (BI/PD) \$ _____

48. GL ISO Territory # _____
 49. Total Receipts \$ _____ Food Receipts \$ _____ Alcohol Receipts \$ _____ Other Receipts \$ _____
 (from what source?) _____

a. Do you have table seating? Yes No
 b. Do you have table service? Yes No

50. Normal Hours of Operation: Mon-Thurs _____ Fri _____ Sat _____ Sun _____

51. Are there any other occupancies in the building? Yes No If Yes, advise to type, number of units, area _____

52. Any Board of Health violations? Yes No If Yes, describe: _____

53. Are maximum occupancy rules followed? Yes No If No, Decline _____

54. Is this a basement or underground establishment? Yes No If Yes, Decline if not 2 means of egress.

55. **Entertainment** Yes No
 a. Is there dancing? If Yes, size of dance area? _____ # of nights _____
 b. Is there entertainment? If Yes, describe below/how often?(number of times a week) _____
 DJ Jukebox/Karaoke Disco Rock & Roll Topless Go-Go Solo Vocalist
 Band/# Members _____ Stage Floor Show Other /Describe _____

c. Any Nationally known acts If Yes, Decline _____

d. Bouncers/Security/Doorman?

e. Any firearms on the premises?

(If Yes, to any of the above, Assault and Battery coverage is not available)

f. Any mechanical rides or devices? If Yes, how many and describe? _____

g. Amusement devices? If Yes, what type/how many? _____
 (pool tables, darts, shuffleboard, pinball, video, etc.)

h. Any athletic activities, sponsored teams or special events Yes No If yes, describe _____

56. Does the applicant have a valid Liquor License? Yes No

57. Has applicant ever been fined or cited for violations of a law or ordinance relating to the sale of alcohol? Yes No
 If Yes, advise as to date and describe _____

58. Clientele? (check all that apply) Under age drinking nights College area bar
 Average age under 30 years Average age over 30 Years

59. Have alcohol beverage servers received certified training? Yes No If Yes, identify _____
 If Yes, refer to Liquor Liability Underwriting Guidelines for available credit. (Must submit to the Company an approved professional training organization certificate.)

Clubs (VFW, Elks, Fraternal, Social)

60. Annual Membership this year _____ Five years ago _____ Ten years ago _____

61. Does the club own or lease a building? Yes No If Yes, total sq. ft. _____

62. Annual sales for all the following: Membership Fees _____ Alcohol sales _____ Food Sales _____
 Facility fees _____ Est. Number of days rented per year _____

Attach a separate list of all on and off premise events. Include dates, location, description, attendance and entertainment.

Loss History (3 yr.) Date of Incident	Type(GL, Prop., Liquor) and Loss Description	Reserved or Paid Amount	Open/Closed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fraud Statement: Any person who knowingly and with the 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.

Applicant's Warranty Statement. I have read this application, and I declare that to the best of my knowledge and belief all of the foregoing statement are true and accurate, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. I agree that this application will be made a part of the policy; should the Company evidence the acceptance of this application by issuance of a policy.

Applicant's Signature _____ Date _____
 Broker's Signature _____ Date _____
 Address _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.
 Name of Authorized Agent or Broker. _____
 Address. _____

Mail Completed Application
 Through Local Agent or Broker to: