

RESTAURANT/TAVERN APPLICATION

Name Insured (Corp)		DBA (Name)	
Location Address			City
County	State	Zip Code	Email Address
Web Address		Mailing Address (If Different)	
Current Carrier		Effective/Renewal Date	Current/Target Premium
Has Current Policy Been Cancelled or Non-Renewed Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Describe:			

This Owners/Shareholders Information Must Be Entered To Bind Coverage

Owners Name (Principal)		SS #	D/O/B
Home Address			
Home Phone #		Business Phone #	
If more than one owner, list all on back page. All owners/shareholders must complete to bind.			

Business Information

Applicant is a: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other:			
Applicant is a: Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Night Club <input type="checkbox"/> Diner <input type="checkbox"/> Banquet Hall <input type="checkbox"/> Social Club <input type="checkbox"/>			
Other (Please Specify):			
# Years at this Location:		# of years in Restaurant/Tavern Business:	
If less than 3 years at this Location, list previous experience:			
Federal EIN #		Liquor License #	Legal Bldg. Occupancy:

Operations Section

Is Applicant Open Now Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Explain:			
Hours of Operation From _____ To _____ # of Days per Week _____			
Is Applicant Seasonal? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, explain maintenance, security & hired caretaker operations on Page 5.			
Distance to Ocean or Nearest Body of Water:			

Physical Plant Section

Age of Building		Construction	Protection Class	# of Stories
Age of: Wiring		Plumbing	Heating	Roofing
Roof Shape: Flat <input type="checkbox"/> Gable <input type="checkbox"/> Hip <input type="checkbox"/>				
Roof Cladding: Asphalt <input type="checkbox"/> Built-Up <input type="checkbox"/> Sheet/Metal <input type="checkbox"/> Tile/Clay <input type="checkbox"/> Wood Shingle <input type="checkbox"/>				
Exterior Cladding: Wood <input type="checkbox"/> EIFS <input type="checkbox"/> Other:				
Other Occupants: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Type of Occupancy:				

Physical Plant Section (cont'd)			
Smoke Detectors:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Type:	Electric <input type="checkbox"/>	Battery Power <input type="checkbox"/>
Fire Alarm:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Type:	Central Station <input type="checkbox"/>	Local <input type="checkbox"/>
Burglar Alarm:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Type:	Central Station <input type="checkbox"/>	Local <input type="checkbox"/>
Surveillance Cameras	Y <input type="checkbox"/> N <input type="checkbox"/> Inside Y <input type="checkbox"/> N <input type="checkbox"/> Outside Y <input type="checkbox"/> N <input type="checkbox"/> Central Monitor Y <input type="checkbox"/> N <input type="checkbox"/> Archived for _____ #Mo's		
Sprinkler System	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Age _____	Type of System:	Wet <input type="checkbox"/> Dry <input type="checkbox"/>
Volunteer Fire Department	Yes <input type="checkbox"/> No <input type="checkbox"/>	Distance to: Hydrant _____	Fire Dept. _____
Kitchen Fire Protection		Yes <input type="checkbox"/> No <input type="checkbox"/>	
U.L. Approved Automatic Extinguishing System under Semiannual Contract		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Above System Covering All Cooking Surfaces		Yes <input type="checkbox"/> No <input type="checkbox"/>	
System Name _____		Wet <input type="checkbox"/> Dry <input type="checkbox"/>	
Automatic Gas or Electric Shut Offs for Cooking		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hood and Filters Cleaned Weekly by Staff		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hoods and Ducts Over all Cooking Equipment		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hoods and Ducts Maintenance Contract Schedule	# Per Month _____		
Fire Extinguishers	Tag Dates _____		
Is Kitchen Sub-leased	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Explain _____		
Table Cooking or Tableside Cooking	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Explain _____		
Entertainment Section ENTIRE Section MUST be Completed			
Entertainment	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Nights w/Ent.	Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/>	Clientele Avg. Age _____	
Type of Entertainment	Rock Group <input type="checkbox"/> DJ <input type="checkbox"/> Band (Any Kind) <input type="checkbox"/> Go-Go <input type="checkbox"/> Karaoke <input type="checkbox"/>		
Other (Please Describe) _____	Number of TV's _____	Stage Exist Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cover Charge	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Describe When & Why: _____		
Dance Floor Exist	Yes <input type="checkbox"/> No <input type="checkbox"/> Dance Floor Sq. Feet _____	If No, is dancing permitted	Yes <input type="checkbox"/> No <input type="checkbox"/>
Amusement Devices (Pool Tables, Video Games, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, # and description: _____		
Liquor Legal Liability Section ENTIRE Section MUST be Completed			
Does Applicant Serve Alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/> If NO Liquor License is BYOB Permitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does Applicant Have Liquor License?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Type and # _____		
# of Bar Seats _____	Max # of staff per shift: Bartenders _____	Wait Staff _____	Avg. Employment Exp. _____ yrs.
Alcohol Server Training?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Explain Type and When Trained _____		
Does Applicant Have Written Policy on Serving Alcohol to Customers?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is Management Notified Prior to Shutting Off Patrons?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is Documentation Kept on Each Incident?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
# of Bars on Premises _____	Is There a Steady Bar Clientele?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is There a Happy Hour?	Yes <input type="checkbox"/> No <input type="checkbox"/> Reduced Price Drinks?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is a Last Call Given?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, What Time _____		
Are drink consumption games, contests, or drink enticing equipment permitted?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have There Been Any Alcohol Regulatory Violations?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, List ALL Violations _____		

Property Section				
Does Applicant Own Building? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is Applicant Required by Lease to Insure Bldg.? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Building Limit \$	Co-Ins %	ACV <input type="checkbox"/> R/C <input type="checkbox"/>	Deductible \$ (\$1,000 Min.)	
Imp. & Betterments Limit \$	Co-Ins %	ACV <input type="checkbox"/> R/C <input type="checkbox"/>	Deductible \$ (\$1,000 Min.)	
Contents Limit \$	Co-Ins %	ACV <input type="checkbox"/> R/C <input type="checkbox"/>	Deductible \$ (\$1,000 Min.)	
Business Income Limit \$	Contribution or Co-Ins %		Waiting Period: 72 Hours	
With Extra Expense Yes <input type="checkbox"/> No <input type="checkbox"/>				
Loss of Rents Limit \$		Co-Ins %		
Square Footage: Total Building		If Applicant is a Tenant Sq. Ft. of Occupied Space		
Cause of Loss: Basic <input type="checkbox"/> Special <input type="checkbox"/> Broad <input type="checkbox"/>				
Property Enhancement Endorsement Requested Yes <input type="checkbox"/> No <input type="checkbox"/>		See RCA Website For Coverages		
Other Property Coverage Requested				
Liability Section				
General Liability Limit \$		Aggregate \$		
Liquor Liability Limit \$		Aggregate \$		
Is Lessors Risk Requested? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Supply Square Footage		Business Occupant
Receipts: Food \$	Liquor \$	Admission \$	Other \$	Total \$
Are There Apartments? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Number of Units		Owner Occupied Yes <input type="checkbox"/> No <input type="checkbox"/>
Are There Lodging Operations Other Than Apartments? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Describe				
Is there Waitress/Waiter Service? Yes <input type="checkbox"/> No <input type="checkbox"/> If Restaurant, Table Seating Capacity				
Off Premise Parking? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, list address and square footage (or # of spaces)				
Valet Parking by Owner? Yes <input type="checkbox"/> No <input type="checkbox"/> By Valet Contractor? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes Incl Cert w/RCA as named AI				
On or Off Premise Catering / Banquet? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", % of total Receipts _____%				
Any Teen Nites or Events Open to the Public? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe Public Events and Operations on Page 5.				
Is there a Dock/Wharf? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, is there Water Taxi Service? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Describe Any Other On or Off Premise Exposure NOT Listed Above				
Security				
Are Any Persons Employed as Bouncers, Door Staff, ID Checker, Crowd Control or Security? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes Describe Type, Purpose, and Number of Security/Bouncers on Any Shift #				
Purpose:				
Are Any Non-Employee Security Services Hired or Contracted? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes Describe Type and Purpose				
Are Firearms Kept or Permitted on Premises by Anyone Other Than Police Officers? Yes <input type="checkbox"/> No <input type="checkbox"/>				
In the Last 12 Months Have Any Emergency Services Been Called; i.e. Police, Ambulance, Fire? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If "Yes", Explain				
Non-Owned Automobile (Hired Auto Not Available)				
Is Non-Owned Automobile Requested? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Complete Entire Section				
Number of Employees		Does Applicant have a Business Auto Policy? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any Delivery Use? Yes <input type="checkbox"/> No <input type="checkbox"/> List the Business Purposes the Non-Owned Auto will be Utilized for:				

Claims Section

List ALL Claims for the Past 5 Years. If Yes, Describe Loss.

Property Claims Yes No

General Liability Claims Yes No

Liquor Liability Claims Yes No

Additional Interests

Mortgagees, Additional Insureds and Loss Payees are defined as Additional Interests

There are Additional Interests listed on this Application and are by this acknowledgement included in the information that is warranted by the signature(s) below.

If the box above is not checked it is understood that there are no Additional Interests to this application.

Additional Insured
for type choice

Name
Address
City, State and ZIP
Interest

Additional Insured
for type choice

Name
Address
City, State and ZIP
Interest

Additional Insured
for type choice

Name
Address
City, State and ZIP
Interest

Additional Insured
for type choice

Name
Address
City, State and ZIP
Interest

Additional Insured
for type choice

Name
Address
City, State and ZIP
Interest

Additional Insured
for type choice

Name
Address
City, State and ZIP
Interest

Financial Information		
Is Owner or Corporation now or ever involved in: Bankruptcies Yes <input type="checkbox"/> No <input type="checkbox"/> Foreclosures Yes <input type="checkbox"/> No <input type="checkbox"/>		
Tax Liens Yes <input type="checkbox"/> No <input type="checkbox"/>	Business Failures Yes <input type="checkbox"/> No <input type="checkbox"/>	Any Litigations Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Please Explain		

Additional Owners/Shareholders Must Be Completed and Signed By All Owners/Shareholders To Bind		
Name	Soc. Sec. #	Date of Birth
Name	Soc. Sec. #	Date of Birth
Name	Soc. Sec. #	Date of Birth
Name	Soc. Sec. #	Date of Birth

Fraud Statement

The signing of this application does not bind the Applicant nor any company to complete the insurance, but it is agreed that the information contained herein, and on any additional pages, if any, shall be the basis of the acceptance of a contract. It is therefore the warranty of the undersigned that the information contained herein is true and correct, and it is hereby understood that the policy will be warranted based on this information. It is further understood that any per-son 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 subjects the person to criminal and civil penalties.

Credit Report Authorization

I hereby authorize RCA to run any credit reference checks in accordance with the Fair Credit Reporting Act (91-508), should they deem necessary.

Insured's Signature	Date
Insured's Signature	Date
Insured's Signature	Date
Insured's Signature	Date

(Must Be Signed by All Owners to Bind)

Are you the controlling agent on this account? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Agent	Producer
Address	Phone #
	Fax #
Agent Signature	Email Address

Comments/Notes