

PLEASE SEND COMPLETED QUESTIONNAIRE TO: [SUBMISSIONS@ISCMGA.COM](mailto:SUBMISSIONS@ISCMGA.COM) (NO ACORD REQUIRED)

Type of Application:  New  Renewal

Expiring Policy #: \_\_\_\_\_

Requesting quote for:  GENERAL LIABILITY ONLY  
 GENERAL LIABILITY & LIQUOR LIABILITY  
 PACKAGE (GL, LIQUOR LIABILITY & PROPERTY)

Surplus Lines Producer: \_\_\_\_\_

City/State: \_\_\_\_\_

Contact: \_\_\_\_\_

Desired Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_

GL Limit requested:	\$300,000/\$600,000	\$500,000/\$1MM	\$1MM/\$2MM	\$500,000/\$500,000	\$1MM/\$1MM	\$1MM/\$2MM
Liquor Limit requested:	\$100,000/\$100,000	\$250,000/\$250,000	\$300,000/\$300,000	\$300,000	\$500,000	\$1 MM
A&B Limit requested:	\$25,000	\$50,000	\$100,000	\$300,000	\$500,000	\$1 MM

APPLICANT INFORMATION

1. Applicant: \_\_\_\_\_ DBA: \_\_\_\_\_  
(Legal Entity Name)

2. Mailing Address: \_\_\_\_\_

3. Location Address: \_\_\_\_\_

4. Loss Control Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Website: \_\_\_\_\_

6. Type of Entity:  Corporation  Individual  Partnership  Joint Venture  LLC

7. Is the applicant a member of the National Restaurant Association or similar professional organization?  No

■ If Yes, which organization? \_\_\_\_\_

GENERAL OPERATIONS INFORMATION

1. Description of Operations:

Restaurant	Pub/Tavern	Wine Bar	Nightclub/Lounge	Billiards	Sports Bar (No Entertainment)
Microbrewery	Cigar Bar	Craft Beer	Adult Club	Package Good Store	

2. Hours & Days of Operation: \_\_\_\_\_

3. Maximum Capacity: Bar: \_\_\_\_\_ Dining: \_\_\_\_\_ Patio: \_\_\_\_\_

4. Date business started under current ownership: \_\_\_\_\_

5. Number of years experience managing or owning this type of operation: \_\_\_\_\_

6. Number of employees: Mgt: \_\_\_\_\_ Bar: \_\_\_\_\_ Host: \_\_\_\_\_ Wait: \_\_\_\_\_ Kitchen: \_\_\_\_\_ Security: \_\_\_\_\_

7. Does the applicant have or sponsor any Teen or "Under 21 nights", or permit customers under the age of 21 in the bar area?  No

8. Is your operation pet-friendly?  No

9. Do you offer table seating?  Yes Do you have table service?  Yes

10. Is there any cooking at customer's tables?  No

11. Median Age of Patrons: 18-25 \_\_\_\_% 25-30 \_\_\_\_% 30-40% \_\_\_\_ 40 and over \_\_\_\_%

12. Is there sponsorship of any sports teams?  No

■ If Yes, please describe: \_\_\_\_\_

14. Does the applicant package, repackage, or label any items for sale?  No

■ If Yes, please describe: \_\_\_\_\_

15. Do college students frequent the applicant's establishment?  No

■ If Yes, what % do they comprise of the applicant's evening clientele? \_\_\_\_%

16. If Adult Club, is full nudity allowed?  No Do you allow under 21?  No

PLEASE PROVIDE ANNUAL SALES FOR FOOD AND ALL ALCOHOLIC BEVERAGES (LIQUOR, BEER, AND WINE)

	Alcohol On-Premises Sales	Alcohol Take-Out Sales	Food Sales	Other Sales*	Total Sales
Next 12 Months	\$	\$	\$	\$	\$
Past 12 Months	\$	\$	\$	\$	\$

\*Describe other sales (i.e. catering, gaming, admissions – if catering provide breakout between food & alcohol):

If there are on-premises and take-out alcohol sales, does the applicant keep separate sales records for on-premises and take-out alcohol sales? Yes

PREMISE SAFETY INFORMATION

1. Does the applicant have a building maintenance program? No
2. Is the building sprinklered? No
3. Are all exits properly marked and lighted? No
4. Is a secondary means of egress (exits) provided for each floor having public access? No
5. Does the applicant have generators in place to protect stock in the event of a power outage? No
6. Are all smoke detectors properly maintained? No
7. Is there a fire extinguishing system in the kitchen? Yes
8. Are there any apartments or other type of occupancies in the building? Yes
9. Does the kitchen have a deep fat fryer?
  - If so, is it protected by an automatic fire extinguishing system? Yes
  - Is this system UL 300/NFPA compliant? Yes
  - Is system wet? Yes
  - Is this system equipped with automatic fuel shutoffs? Yes
10. Is a cleaning of the hood and duct system performed at least every 6 months?
  - Is the hood and duct system cleaned by an outside contractor? Yes
  - Does the applicant receive a certificate of insurance from the contractor? Yes
11. Is the kitchen equipped with UL listed grease extractors? Yes
12. What is the frequency of cleaning of the grease extractors?    Weekly    Monthly    Annually    Other: \_\_\_\_\_ Yes
13. Does the applicant have any mechanical rides, climbing walls, foam machines or inflatables? Yes
14. Does the applicant conduct any physical contests or events inside or outside the facility? Yes
15. Is the risk located on a beach, vessel, dock or pier? Yes
16. Has the applicant ever been cited for building code, health or liquor violations?
  - If Yes, describe citation: \_\_\_\_\_ Yes
17. Does the applicant perform regular sweeping/mopping and/or floor inspections?
  - Are logs kept for all cleaning operations? Yes
18. Does the applicant contract snow/ice removal? Yes
19. Does the applicant receive certificates of insurance from all contractors, subcontractors and suppliers? Yes
20. Is the parking lot maintained and does it have adequate lighting?
  - If parking lot is under the insured's control, please provide the total area: \_\_\_\_\_ Yes
21. Do emergency exits have a release inside regardless of time of day/night, that will allow people to exit in case of emergencies? Yes

## ENTERTAINMENT INFORMATION

If applicant has more than 1 location, specify location number applicable to each form of entertainment

1. Does the applicant have entertainment? Yes

- If yes, check ALL that are applicable below:

Juke Box DJ: # of days per week: \_\_\_\_\_ Karaoke: # of days per week: \_\_\_\_\_ Solo musician/vocalist: # of days per week: \_\_\_\_\_  
 Exotic/go-go dancers/adult entertainment Stage/floor show or contests; describe: \_\_\_\_\_  
 Live Band: # of days per week: \_\_\_\_\_ Other; describe: \_\_\_\_\_

2. If the applicant has bands or DJs as part of the entertainment, are pyrotechnics allowed?

3. Type of music: Top 40 Country Classic Rock & Roll Soft Rock Jazz Alternative Rap R&B Disco  
 Background/Ambiance Music Other: \_\_\_\_\_

4. Is dancing allowed? Yes

- If yes, # of days per week:
- Size of dance floor: \_\_\_\_\_ square feet

5. Do you move tables to create a dance space? No

- If yes, provide sq ft of space and number of days used: \_\_\_\_\_

6. How often is the floor inspected for slip and fall hazards? \_\_\_\_\_

Is the floor raised? No

- If Yes, does it have a railing around the entire floor? N/A

7. Does the applicant have any of the following?

Pool Tables No If Yes, # of Pool Table: \_\_\_\_\_  
 Arcade Games No If Yes, # of Pool Table: \_\_\_\_\_  
 Gambling Machines No If Yes, # of Pool Table: \_\_\_\_\_  
 Mechanical Riding Machines No If Yes, describe: \_\_\_\_\_

Sports Facilities on premises i.e. volleyball, softball, basketball, swimming pool, etc. No If Yes, # of Pool Table: \_\_\_\_\_

## LIQUOR LIABILITY INFORMATION

1. Name of Liquor License Holder & License Number: \_\_\_\_\_
2. Lowest Beer price offered, not including happy hour or other promotions (check only one): \$1-\$1.99 \$2-\$4.99 \$5+
3. Lowest Liquor/Wine price offered, not including happy hour/promotions (check only one): \$1-\$2.99 \$3-\$5.99 \$6+
4. Are alcohol discounts cheaper than 50% off or 2 for 1? Yes
  - If Yes, explain: \_\_\_\_\_
5. Within the past 5 years, has the applicant had a liquor license suspended or revoked or been fined/cited for violations of a law or ordinance related to the sale of alcohol (sales after hours, sales to minors, etc.)? No
  - If Yes, # of times & explanation for each: \_\_\_\_\_
6. Measures in place to prevent future incidents: \_\_\_\_\_
7. Does the applicant require all alcohol serving or selling employees be certified by a formal alcohol-awareness training program? No
  - If yes, give the name of the training program (BEST, RAMP, TIPS, TAM, etc.): \_\_\_\_\_
8. Does the applicant have procedures in place to regulate the sale of alcohol to intoxicated customers and to minors? No
9. Are the applicant's employees required to check age identification of customers who appear to be under the age of 25? No
10. Does the applicant allow customers to order more than one drink at last call? No
11. Does the applicant allow employees or independent contractors to consume alcohol on the premises while on the job? No
12. Does the applicant have a drive-through operation for the sale of alcohol? No
13. Does or will the applicant ever offer bottle service or set-ups? No

## LIQUOR LIABILITY INFORMATION (CONTINUED)

14. Does or will the applicant ever offer?

- a. Any drink specials/happy hours? No  
■ If yes: # of days per week: \_\_\_\_\_
- b. Drink specials/happy hours lasting longer than 3 hours? No
- c. Drink specials/happy hours after 9:00pm? No
- d. Single drink servings larger than 24 ounces? No
- e. Complimentary drinks? No
- f. "All you can drink" specials? No
- g. "Flaming shots" No
- h. Vaporized Alcohol No
- i. Nitrogen Drinks No
- j. Are IDs checked at the door or at the time of service? No
- k. Are electronic devices used to verify integrity of ID presented? No

15. Is BYOB permitted?

- If yes, does the establishment have a wait staff that actively monitors all alcohol consumption, and requests a valid ID from all patrons? No
- Are patrons permitted to bring hard alcohol on the premises? No

16. Does the applicant allow games such as beer pong or other alcohol related games regardless if played with alcohol or water? No

- If yes, describe: \_\_\_\_\_

17. Does the applicant participate in any poker run or pub crawl events? No

- If yes, describe: \_\_\_\_\_

18. Does the applicant allow take out alcohol? No

- If Yes, is the amount of take-out alcohol limited per order?
  - If Yes, explain: \_\_\_\_\_
- What kind of container(s) is take-out alcohol served in? \_\_\_\_\_

## SECURITY INFORMATION

1. Does the applicant use bouncers, I.D. checkers or security personnel? No  
■ If Yes, how many are used during peak periods? \_\_\_\_\_
2. Does the applicant hire any contracted security service? No  
■ If Yes, are certificates of insurance obtained and the applicant named as an additional insured? \_\_\_\_\_
3. Are background checks completed on all security employees? No
4. Does the applicant engage off-duty police officers for work in or about the premises? No
5. Are firearms permitted or kept on-premises? No
6. Are incident logs documenting when a person was refused service or other alcohol-related events maintained? No
7. Does the applicant have video surveillance? No  
■ If Yes, how many days are video tapes kept? \_\_\_\_\_
8. Has any law enforcement visited the premises over the previous 3 years? No  
■ If yes, describe incidents: \_\_\_\_\_

## AUTOMOBILE INFORMATION

1. Is Hired and Non-Owned Auto Coverage Requested?	Yes
■ What limit of insurance is requested?	
2. Are there any catering operations?	No
3. Does the applicant offer delivery by either employees or third-party service?	No
■ If Yes to question 2 or 3, are there any employee personal vehicles used?	N/A
■ # of personal vehicles used:	
4. Does the applicant regularly review all driver's motor vehicle records for acceptability?	No
5. Does the applicant have valet parking services?	No
■ If Yes, is parking performed by a valet contracted service?	N/A
■ Are certificates of insurance obtained and is the applicant named as an Additional Insured?	N/A

## SPECIAL EVENT INFORMATION

1. Does the applicant participate in any event off-premise?	No
■ If Yes, describe:	
2. How many times in a year do you participate in events?	_____
3. How many days on average do you participate in each event?	_____
4. Do you serve alcohol during these events?	No
5. How many people, per event, attend?	_____
6. Do you usually need additional insureds for these events?	No

*The company Underwriter may have additional questions depending on the information provided on the event.*

## TENTS

1. Are there any tents or similar structures erected outside patron use?	No
■ If Yes, provide the sq ft. _____	
2. What is the capacity allowed inside the structure? _____	
3. Where is the structure located on your premise? _____	
4. Indicate the months of the year this will be in use: _____	
5. Who erected the structure? _____	
■ Explain how it is secured: _____	
6. Are you using heaters near or inside?	No
■ If yes describe the type of heater and how many are used: _____	
7. What ventilation methods are used with the heaters? _____	

**PROPERTY SECTION (PLEASE COMPLETE IF PROPERTY COVERAGE IS REQUESTED)**

1. Building Limit: \$ \_\_\_\_\_ RC or ACV: \_\_\_\_\_ Coinsurance: \_\_\_\_\_ %
2. Contents: \$ \_\_\_\_\_ RC or ACV: \_\_\_\_\_ Coinsurance: \_\_\_\_\_ %
3. TI & Betterments: \$ \_\_\_\_\_ RC or ACV: \_\_\_\_\_ Coinsurance: \_\_\_\_\_ %
4. Business Income: \$ \_\_\_\_\_ E/E? Yes  No  at \_\_\_\_\_ Monthly Indemnity
5. Other: \_\_\_\_\_
6. Deductible Requested (\$1000 min.): \$ \_\_\_\_\_
7. Construction: \_\_\_\_\_ Year Built: \_\_\_\_\_ Protection Class: \_\_\_\_\_ Square Footage of Building: \_\_\_\_\_ Number of Stories: \_\_\_\_\_
  - a. Updates: Roof: \_\_\_\_\_ (year) Plumbing: \_\_\_\_\_ (year) Heat: \_\_\_\_\_ (year) Electric: \_\_\_\_\_ (year)
  - b. Exposures: (right) \_\_\_\_\_ (left) \_\_\_\_\_ (rear) \_\_\_\_\_
  - c. Is premises near or on the water?  No
    - If yes, please include distance \_\_\_\_\_ (feet/miles)
  - d. Smoke Detectors  No
  - e. Sprinkler Systems  No
    - If yes, what percent? \_\_\_\_\_ %
  - f. Alarms: Fire  Burglar  Central Station  Grade: \_\_\_\_\_

**EMPLOYEE/HIRING INFORMATION**

1. Do hiring procedures include background checks, job history and references?  No
2. Can cashiers tamper with customer's checks or register receipts?  No
3. Does the applicant have a written Sexual Harassment Policy?  No
4. What controls/procedures are in place to limit/control employee theft? \_\_\_\_\_

**LOSS HISTORY**

In the past 3 years, has the applicant had any Property, General Liability or Liquor Liability claims or incidents that might give rise to such a claim, whether insured or not?  No

- If Yes, please provide details: \_\_\_\_\_

	Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Opened/Closed)	Description of Incident/Claim
A			\$	\$		
B			\$	\$		
C			\$	\$		
D			\$	\$		

## ADDITIONAL INSUREDS

Is coverage needed for Additional Insureds on the GL:      A-None      B-Mortgagee/Loss Payee      C-Landlord      D- Grantor/Franchisee

Name/Address/Interest: \_\_\_\_\_

Name/Address/Interest: \_\_\_\_\_

Name/Address/Interest: \_\_\_\_\_

Is coverage needed for Additional Insureds on the Property:      A-None      B-Mortgagee/Loss Payee      C-Landlord      D-Grantor/Franchisee

Name/Address/Interest: \_\_\_\_\_

Name/Address/Interest: \_\_\_\_\_

Name/Address/Interest: \_\_\_\_\_

## CURRENT COVERAGE INFORMATION

1. Does the applicant carry **General Liability** insurance? **Yes**

■ If Yes, effective from: \_\_\_\_\_ to \_\_\_\_\_ Insurer: \_\_\_\_\_ Limits: \$\_\_\_\_\_ Expiring Premium:\$\_\_\_\_\_

Assault & Battery Excluded? **No**

■ If No, Limits: \$\_\_\_\_\_

Has any insurer cancelled or non-renewed General Liability coverage in the past 3 years? **No**

If yes, explain: \_\_\_\_\_

2. Does the applicant carry **Liquor Liability** insurance? **Yes**

■ If Yes, effective from: \_\_\_\_\_ to \_\_\_\_\_ Insurer: \_\_\_\_\_ Limits: \$\_\_\_\_\_ Expiring Premium:\$\_\_\_\_\_

Assault & Battery Excluded? **No**

■ If No, Limits: \$\_\_\_\_\_

Has any insurer cancelled or non-renewed Liquor Liability coverage in the past 3 years? **No**

■ If Yes, explain: \_\_\_\_\_

3. Does the applicant carry **Property** insurance? **No**

■ If Yes, effective from: \_\_\_\_\_ to \_\_\_\_\_ Insurer: \_\_\_\_\_ Limits: \$\_\_\_\_\_ Expiring Premium:\$\_\_\_\_\_

Assault & Battery Excluded? **No**

■ If No, Limits: \$\_\_\_\_\_

Has any insurer cancelled or non-renewed Property coverage in the past 3 years? **No**

■ If Yes, explain: \_\_\_\_\_

## APPLICANT'S WARRANTY STATEMENT

I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

## FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant; and that the undersigned is retaining a duplicate signed copy hereof.

Retail Agency: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Ph: \_\_\_\_\_

Retail Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_