

## RESTAURANT, BAR OR TAVERN SUPPLEMENTAL APPLICATION

**COMPLETE IN ADDITION TO ACORD APPLICATIONS.**

**ATTACH ADDITIONAL SHEETS AS NECESSARY.**

**ANSWER ALL QUESTIONS. If not applicable, indicate N/A.**

### GENERAL INFORMATION

1)

Named Insured:	
Brokerage/Broker:	Agency/Agent:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:
Effective Date:	
Website:	

2) Current Carrier Information:

Carrier:		
Limit of Insurance:		
Deductible:		
Premium:		
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$10,000
- b) Applicant's brochure, description of operations, or marketing materials if a website is not available
- c) A completed Kinsale General Casualty Schedule of Locations Supplemental Table for your premises

3) Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4) Please complete the below table regarding your sales:

	Upcoming Year (est.):	Last 12 Months:	One Year Prior:	Two Years Prior:	Three Years Prior:
<b>Food Revenue</b>					
<b>Liquor Revenue</b>					
<b>Other:</b> _____					
<b>Other:</b> _____					
<b>TOTAL</b>					

a. If more than one box in 6) is checked, please clarify what percentage of sales is in each category:

\_\_\_\_\_

5) Audit/Inspection contact: \_\_\_\_\_  
 a. Phone number: \_\_\_\_\_  
 b. Email: \_\_\_\_\_

## OPERATIONS

6) What are your operations? Check all that apply:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Family Restaurant         | <input type="checkbox"/> Fast Food              | <input type="checkbox"/> Takeout or Take & Bake         |
| <input type="checkbox"/> Fine Dining               | <input type="checkbox"/> Buffet                 | <input type="checkbox"/> Hibachi, Korean BBQ, or Fondue |
| <input type="checkbox"/> Private Banquet Hall      | <input type="checkbox"/> Bar or Tavern          | <input type="checkbox"/> Brewery or Distillery          |
| <input type="checkbox"/> Event Venue/Concert Hall* | <input type="checkbox"/> Nightclub/Social Club* | <input type="checkbox"/> Gentleman's Club*              |
| <input type="checkbox"/> Other _____               |   |   |

\* For Concert Hall, Nightclub/Social Club or Gentleman's Club exposures, please complete the Kinsale Nightclub or Gentleman's Club Supplemental Application in lieu of this application

\*\*If you are serving alcohol, please complete the Kinsale Liquor Liability Supplemental Application in addition to this application\*\*

7) How long have you been in operation under this business name or any others (please provide any prior entities or additional entities/DBAs to be covered)?

8) What are your hours of operation each day?

- a. Monday: \_\_\_\_\_
- b. Tuesday: \_\_\_\_\_
- c. Wednesday: \_\_\_\_\_
- d. Thursday: \_\_\_\_\_
- e. Friday: \_\_\_\_\_
- f. Saturday: \_\_\_\_\_
- g. Sunday: \_\_\_\_\_
- h. If you are closed on any holidays, please list:

9) What is your permitted building occupancy? \_\_\_\_\_

- a. What is your seating capacity? \_\_\_\_\_

10) Who is your normal clientele? Check all that apply:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Families        | <input type="checkbox"/> Local Residents       | <input type="checkbox"/> Travelers/Truckers |
| <input type="checkbox"/> Businesspersons | <input type="checkbox"/> Students/Young Adults | <input type="checkbox"/> Other: _____       |

11) Please complete the following for the ages of your patrons:

Age	Percentage of Patrons
Under 16	
16 to 20	
21 to 25	
26 to 30	
31 to 40	
Over 40	

12) What are your average menu prices for the following, if offered:

- a. Appetizers: \_\_\_\_\_
- b. Entrees: \_\_\_\_\_
- c. Desserts: \_\_\_\_\_
- d. Mixed Drinks/Cocktails: \_\_\_\_\_

13) Do you offer or host any entertainment in your establishment? Check all that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Table Side Music/Mariachi | <input type="checkbox"/> Table Side Dancers     | <input type="checkbox"/> Jukebox/Digital Jukebox       |
| <input type="checkbox"/> Dance Floor               | <input type="checkbox"/> DJs                    | <input type="checkbox"/> Live Bands                    |
| <input type="checkbox"/> Karaoke Booths            | <input type="checkbox"/> Open Mic Karaoke       | <input type="checkbox"/> Standup Comedy                |
| <input type="checkbox"/> Open Mic Performance      | <input type="checkbox"/> Mechanical Rides/Bulls | <input type="checkbox"/> Video Games/Amusement Devices |
| <input type="checkbox"/> Bingo or Trivia           | <input type="checkbox"/> Athletic Events        | <input type="checkbox"/> Tabletop, Board or Card Games |
| <input type="checkbox"/> Other _____               |   |  |

14) Do you offer hookah/shisha smoking or a cigar lounge at your establishment?

Yes ☐ No ☐

a. If yes, do you sell or provide gratis any tobacco products?

Yes ☐ No ☐

b. Do you sell or provide any smoking materials other than tobacco?

Yes ☐ No ☐

c. What percentage of your patrons smoke while at your establishment? \_\_\_\_\_

## SAFETY INFORMATION

15) Do you have any security or bouncers?

Yes ☐ No ☐

16) Is your building sprinklered?

Yes ☐ No ☐

a. If yes, what percentage? \_\_\_\_\_

17) Do you have adequate means of egress for your maximum occupancy level?

Yes ☐ No ☐

a. How many exits do patrons and staff have readily available, unlocked access to? \_\_\_\_\_

18) Do you have a UL approved auto extinguishing system over all cooking surfaces and fryers?

Yes ☐ No ☐

a. If yes, is there a semi-annual cleaning contract for the extinguishing systems?

Yes ☐ No ☐

19) Does your menu have warnings regarding risks associated with the consumption of raw or undercooked meat, eggs, or seafood?

Yes ☐ No ☐

a. Do you serve raw, rare, or "blue" meat or seafood?

20) Is your establishment well-lit during all hours of operation?

Yes ☐ No ☐

a. If no, do you have emergency interior lighting?

Yes ☐ No ☐

21) Do you offer valet parking?

Yes ☐ No ☐

a. If yes, is this service provided by your employees?

Yes ☐ No ☐

b. If yes to a. and you would like coverage for this operation, please complete the Kinsale Garage - Valet and Parking Supplemental Application.

c. If no to a., is the third party service required to hold you harmless for their operations and provide a COI showing proof of liability insurance?

Yes ☐ No ☐

22) Do you have any construction planned during the next 12 months?

Yes ☐ No ☐

a. If yes, please describe:

## LOSS HISTORY

- 23) Have you had any Liability claims that were or were not covered by insurance? Yes ☐ No ☐  
**If yes, please attach an explanation.**
- 24) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company? **If yes, please attach an explanation.** Yes ☐ No ☐
- 25) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? **If yes, please attach an explanation.** Yes ☐ No ☐

## FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, any person 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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 is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** 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 is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she 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.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_