Restaurant/Tavern Applicant Worksheet

Agent: **Hill & Usher - Insurance. Bonds. Benefits / phone 602-956-4220 / fax 602-956-4418**

Front Line Underwriting

Is the applicant currently open for business?	Yes / No
Business Hours (Days, hour per week):	
Is this a franchised operation (absentee owners / managers)?	Yes / No
Is applicant currently in bankruptcy or receivership?	Yes / No
Is the risk a night club, dance club or disco?	Yes / No
Does the risk offer adult entertainment?	Yes / No
Is the risk within 1/2 mile of a college campus and do liquor sales exceed 25% of total sales?	Yes / No
Is the risk a fraternal organization?	Yes / No
Are there playgrounds or day care centers on the property?	Yes / No
Are there firearms on the premises?	Yes / No
Security personnel / bouncers on premises?	Yes / No
If Yes, please describe duties:	
Does the applicant employ valet parking drivers?	Yes / No
Does the risk provide delivery?	Yes / No
If Yes or Occasionally, please descibe:	
Does catering account for more than 10% of the business?	Yes / No
Protection Class:	
Does Applicant have live rock, rap, or hip hop type music?	Yes / No
Are pyrotechnic activities allowed on or off premises?	Yes / No

Effective Date

Proposed Effective Date:	

Applicant

Name of establishment (DBA):	
Applicant (Owner or Corporate Owner):	
Building Street:	
Building City:	
Building State:	
Building ZIP:	
Mailing Street:	
Mailing City:	
Mailing State:	
Mailing ZIP:	
Business Web Site:	
Inspection Contact Name:	
Inspection Contact Phone Number:	
Applicant Type:	Individual / Corporation / Joint Venture / Partnership / LLC / Other (Describe)

Applicant

Corporate Officer Name:

Business / Management

How many years of restaurant management experience does owner/manager have:	Years
How long has applicant been at this location:	Years
If less than 3 years at this location, please list restaurant management experience:	
Describe the operation at this location:	
Number of Bouncers	
Number of ID Checkers:	
Does the risk have surveillance cameras?	Yes / No
Does the risk ever use metal detectors?	Yes / No
Is primary commercial auto liability coverage in force?	Yes / No
Does the risk conduct any other operations away from the premises?	Yes / No
Is primary commercial auto liability coverage in force?	Yes / No

Building Underwriting

Describe neighboring exposures:

Describe other building occupants besides applicants:

Does the risk have a top floor/roof exposure?	Yes / No
Number of apartments in building?:	
Are there any vacancies in the building?	Yes / No
If Yes, please describe:	
Are renovations taking place?	Yes / No
If Yes, expected completion date:	
Number of stories in building above ground:	
Number of stories occupied by risk:	
Does the Applicant own the building?	Yes / No
Number of apartments (sub)leased by Applicant:	

Describe other occupants (sub)leased by Applicant:

Non-apartment square footage (sub)leased:	Sq Ft
Applicant's total square footage (not including patio/porch):	Sq Ft
Applicant's public access square footage:	Sq Ft
Seating capacity:	
Patio/porch/outdoor seating square footage:	Sq Ft
Basement square footage:	Sq Ft
Basement usage:	

Building Underwriting

Parking lot square footage (owned or leased only):	Sq Ft
Parking lot type:	Open / Garage / Carport / Other (describe)
Vacant land:	Acre(s)
Year building built:	
Construction Type:	Frame / Joisted Masonry / Non-Combustible / Masonry Non-Combustible / Fire Resistive
Type of Roof:	Composite / Shingle / Flat Tar / Metal / Other (describe)
Describe most recent roof maintenance:	Repair / Replacement / Additional layer / Other (Describe) / N/A
Estimated roof angle of slope:	Degrees
Besides HVAC, describe any roof penetrations?	
Have there been any roof losses in the last five years?	Yes / No
If Yes, please give date and description:	
Describe visual exterior roof condition:	
Year improvements were made to roof:	
Year improvements were made to plumbing:	
Type of heat:	Electric / Forced Air / Hot Water / Package / Heat Pump / Susp. Space / Other (describe)
Number of portable heaters used by risk:	
Year improvements were made to heating and air conditioning:	
Year improvements were made to wiring:	
Does wiring have fuses?	Yes / No
Has the building had a major remodel?	Yes / No
If Yes, what year:	
Is distance to fire hydrant less than 600 feet?	Yes / No
Distance to fire station:	Mile(s)
Are there Fire Extinguishers on premises?	Yes / No
When were fire extinguishers last serviced?	
Servicing Company:	
Frequency of services	Months
Automatic Sprinklers on premises:	Full / Partial / None
If Full or Partial, Name of Servicing Company	
Frequency of Service	Months
Smoke Detectors on premises:	Hard Wired / Battery / None
When were batteries changed in the smoke detectors?	
Descibe Fire Alarm system:	Local / Central Station / None
Descibe Burglar Alarm system:	Local / Central Station / None
Name of Alarm Company, if applicable:	

Building Underwriting

Is there Emergency Lighting in all corridors, interior hallways and emergency stairways, and are Exit signs properly placed and lighted?	Yes / No
Are Emergency Plans posted in public areas and stairways, and are occupancy loading signs posted?	Yes / No
Does applicant have designated place(s) for disposing of burning materials (cigarette disposal)?	Yes / No

Prior Carriers

Does Applicant currently have coverage?	Yes / No
If yes, reason for changing companies?:	
Any prior coverages declined, cancelled, or non-renewed in the past 3 years?	Yes / No
If Yes, please explain:	
Has applicant had lapse in coverage in last 3 years?	Yes / No
If Yes, please explain:	
Current Property Carrier:	
Current Property Dates:	
Current Property Premium:	$
Current General Liability Carrier:	
Current G/L Dates:	
Current G/L Premium:	$
Current Liquor Carrier:	
Current Liquor Dates:	
Current Liquor Premium:	$
Prior Carrier(s):	
Prior Carrier Dates:	
Prior Carrier Premium:	$
Two Years Prior Carrier(s):	
Two Years Prior Dates:	
Two Years Prior Premium:	$
Do you currently carry Employment Practices Liability Insurance?	Yes / No
Are there past employment practices claims or situations that could allow a claim?	Yes / No

Loss History

Any losses in the last 3 years?	Yes / No
Type of Loss/Claim 1:	
Loss Date:	
Amount Paid:	$
Claim Status:	Open / Closed
Type of Loss/Claim 2:	
Loss Date:	
Amount Paid:	$
Claim Status:	Open / Closed
Type of Loss/Claim 3:	
Loss Date:	

Loss History

Amount Paid:	$
Claim Status:	Open / Closed
Type of Loss/Claim 4:	

Liquor

Does establishment have a liquor license?	Yes / No
Class of liquor license:	Beer/Wine / Hard Liquor / All Liquor
What percent of liquor sales is hard liquor?	%
Does Applicant currently have Liquor Liabilty coverage:	Yes / No / New in Business
If No, please explain:	
Number of liquor citations/violations past 3 years:	
If any, please describe:	
Number of liquor warnings past 3 years:	
If any, please describe:	
Has liquor license ever been suspended or canceled?	Yes / No
If Yes, please explain:	
Have police ever been called to help with any incident?	Yes / No
If Yes, please explain:	

Employees

Are background checks run on employees prior to hiring?	Yes / No
Number of full time employees:	
Number of part time employees:	
Describe employee alcohol management training other than state training.	
Stop Gap payroll amount (WA only):	$
Total payroll amount:	$

Entertainment

Average age of clientelle:	
Does Applicant have music?	Yes / No
Does the risk have live music OTHER THAN rock, rap, or hip hop?	Yes / No
If Yes, please describe the type of music:	
Jukebox or Stereo?	Yes / No
DJ?	Yes / No
Number of nights karaoke per week:	

Entertainment

Does the risk have dancing?	Yes / No
Size of dance floor:	
Number of nights dancing per week:	
Raised Dance Floor?	Yes / No
Does the Applicant have amusement devices?	Yes / No
Number of pool tables:	
Number of dart boards:	
Number of pinball/video games:	
If other, please describe:	
Does the Applicant have special events?	Yes / No
If Yes, please describe:	
Frequency of event:	Per Year
Does the Applicant sponsor athletic activities?	Yes / No
If Yes, please describe:	
Does the Applicant have other competitive activities on premises?	Yes / No
If Yes, please describe:	
Does the Applicant have casino type gaming?	Yes / No
Number of card tables:	
Does the Applicant have gambling?	Yes / No
Number of pulltab games:	
Number of video poker games:	

Cooking

Does Applicant have any cooking?	Yes / No
Does Applicant have gas cooking, grill or deep fry cooking?	Yes / No
Number of ranges:	
Number of deep fat fryers:	
If Yes, is it at least 16" from open flame or protected by a baffle plate?	Yes / No
Are deep fat fryers equipped with a temperature high limit control?	Yes / No
Number of char broilers:	
Number of flat grills:	
Number of woks:	
Are all cooking surfaces covered by metal hood and vents?	Yes / No
Is hood equipped with filters?	Yes / No
Current Hood and Vent cleaning contract?	Yes / No
Name of Hood and Vent servicing company:	
Date of last cleaning:	
Frequency of service:	Months
Does Applicant have a suppression system:	Full / Partial / None
Name of Suppression System servicing company:	

Cooking

Date of last service:	
Frequency of service:	Months
Please describe other cooking equipment:	
Is food available until closing?	Yes / No

Sales

Total annual food sales:	$
Total annual alcohol sales:	$
Total annual (net) gambling:	$
Total annual (net) gaming:	$
Total annual cover charge sales:	$
Total annual misc. sales:	$
Please describe:	
Total annual catering sales:	$
Please descibe:	

Property Coverages

Building Coverage:	None / Special Form
Building Limit:	$
Building Coinsurance %:	80% / 90% / 100%
Building Deductible:	$1,000 / $2,500 / $5,000 / $10,000
Building Valuation:	Replacement Cost / Actual Cash Value
Building Ordinance Coverage A?	Yes / No
Building Ordinance Coverage B:	$
Building Ordinance Coverage C:	$
Tenants, Improvements and Betterment's Coverage:	None / Special Form
TIB Limit:	$
TIB Coinsurance %:	80% / 90% / 100%
TIB Deductible:	$1,000 / $2,500 / $5,000 / $10,000
TIB Valuation:	Replacement Cost / Actual Cash Value
Contents Coverage:	None / Special Form
Contents Limit:	$
Contents Coinsurance %:	80% / 90% / 100%
Contents Deductible:	$1,000 / $2,500 / $5,000 / $10,000
Contents Valuation:	Replacement Cost / Actual Cash Value
Business Income Coverage (w/ Extra Expense)?	Yes / No
BI Limit:	$
BI Coinsurance %:	25% / 50% / 70% / 100%
Unattached Sign Limit ($250 deductible):	$
Awnings Limit ($250 deductible):	$
Property Extension Endorsement - EDP Limit:	Not Covered / $15,000 / $25,000 / $50,000

General Liability Coverages

General Liability Occurrence Limit:	$1,000,000/$2,000,000 / $500,000/$1,000,000 / $300,000/$600,000
Bodily Injury Deductible per claim:	$2,000 / $1,000 / $0

General Liability Coverages

Assault/Battery Sublimit - Bar/Tavern Only:	$500,000 / $300,000 / $250,000 / $100,000 / $0
Stop Gap Liability coverage?	Yes / No
Employee Benefits Errors and Omissions coverage?	Yes / No
Hired/Non-Owned Auto?	Yes / No
Fire Damage Legal Limit:	$50,000 / $100,000 / $300,000 / $500,000
Liquor Legal Liability Coverage?	Yes / No
Special Event Coverage?	Yes / No

Crime Coverages

Crime Package:	Not Covered / Option 1 - $5,000 / Option 2 - $10,000 / Option 3 - $25,000
Are deposits made daily?	Yes / No

Terrorism

Terrorism Coverage?	Yes / No

Additional Interests

Loss Payee 1 Name:	
Street:	
City:	
State:	
ZIP:	
Specific Interest:	Mortgagee / Other (Describe)
Loan No.	
Loss Payee 2 Name:	
Street:	
City:	
State:	
ZIP:	
Specific Interest:	Mortgagee / Other (Describe)
Loan No:	
Loss Payee 3 Name:	
Street:	
City:	
State:	
ZIP:	
Specific Interest:	Mortgagee / Other (Describe)
Loan No:	
Additional Insured 1 Name:	
AI 1 Street:	
City:	
State:	
ZIP:	

Additional Interests

Specific Interest:	Manager of premises / Executor / Trustee / Leasor of Equipment / State, County, City / Other (Describe)

Additional Insured 2 Name:	
AI 2 Street:	
City:	
State:	
ZIP:	
Specific Interest:	Manager of premises / Executor / Trustee / Leasor of Equipment / State, County, City / Other (Describe)

Additional Insured 3 Name:	
AI 3 Street:	
City:	
State:	
ZIP:	
Specific Interest:	Manager of premises / Executor / Trustee / Leasor of Equipment / State, County, City / Other (Describe)

Quote Summary

Has Producer personally inspected this risk?	Yes / No
If Yes, overall rating:	Excellent / Good / Average
Notes to Underwriter:	
Price needed to secure business:	$
Return Quote to:	Producer / CSR / Both

Additional Notes