



**ANCHOR BAY INSURANCE MANAGERS, INC.**

*SURPLUS LINES BROKERS/UNDERWRITERS*

This application can be:

- filled in on-line and submitted via the email button at the end of the application
- saved to your computer as a PDF, filled in and attached to an email
- saved to your computer as a PDF, filled in and printed out and faxed

**If you save the application to your computer as a PDF file then you CANNOT use the submit button at the bottom of the application.**

Please note: Enhanced commission will only be paid on those accounts that are submitted on-line – and then only if the all material questions have been answered when the account is first submitted.

Also note: If you fill out the application on-line, and give your correct e-mail address where it is requested, you will automatically receive a copy of the completed application via e-mail. Please save that application. If we reject an application as being incomplete, or if your initial submission was for an indication only and you need to firm up, please open your copy of the e-mailed application, complete the missing answers and click the re-submit button at the bottom of the app.

Please fill out all relevant contact names, phone numbers and emails, as failure to do so will result in delays returning the acknowledgement / copy of your on-line submission, requests for further information, and other documentation.

# Anchor Bay Insurance Managers, Inc.

## Restaurant / Bar / Tavern Application

09/2010

Agency Name: \_\_\_\_\_ Need Quote By: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Site: \_\_\_\_\_  
 Producer: \_\_\_\_\_ Ext: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Ext: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 If written, should we send the policy to you by snail mail or email? \_\_\_\_\_ Email address \_\_\_\_\_

Applicant's Business Name: \_\_\_\_\_  
 Applicant's Legal Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Web Site: \_\_\_\_\_ Legal Entity: \_\_\_\_\_ (I.E.: Individual, Partnership, Corporation or ???)

Proposed Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### General Information

Number of years this business has been in operation: \_\_\_\_\_ At this location? \_\_\_\_\_  
 Has/Have the applicant(s) ever operated this location under a different name or dba or does the applicant operate any other restaurants/bars at any other locations? \_\_\_\_\_ If so, please provide details (names, dba:, locations, etc.) on separate sheet.

Name of Partners / Stockholders	% Owned	Managing Partner?	Active in the Business?	Combined Years Experience as Owner and / or Manager

Number of days business is open per week \_\_\_\_\_ Business opens: \_\_\_\_\_  
 Has the applicant been in bankruptcy in the last 3 years? \_\_\_\_\_ When and why? \_\_\_\_\_  
 Is the risk seasonal? \_\_\_\_\_ If so, describe closed season and protection: \_\_\_\_\_  
 Is the property undergoing renovation? \_\_\_\_\_ If so, for how long? \_\_\_\_\_ Estimated cost of renovation? \_\_\_\_\_  
 Is the work being completed by applicant or by a contractor? \_\_\_\_\_ If the cost of renovation exceeds \$10,000, attach details.  
 Does the applicant have a commercial auto policy? \_\_\_\_\_  
 Does the applicant or its employees ever deliver food, drink or other products to customers or to offsite catering jobs? \_\_\_\_\_

Prior Carrier	Premium	Policy #	Eff. Date

Has there been a lapse in coverage? \_\_\_\_\_ If so, when and how long a lapse? \_\_\_\_\_  
 Reason for the lapse? \_\_\_\_\_

Does the current carrier include liquor liability? \_\_\_\_\_ Is current carrier willing to renew? \_\_\_\_\_

Has the applicant ever been cancelled/non-renewed for any reason other than non-payment, or the carriers termination of a class program or state? \_\_\_\_\_ If so, please provide details below:

**Loss History**

Total # of claims, losses, occurrences, lawsuits or events that may lead to claims, in the past three years (Detail below):

Date of Loss	Line of Coverage	Description of Loss	Paid	Reserved	Open / Closed

# of Claims / 3 Yrs \_\_\_\_\_ # of Assault & Battery Claims \_\_\_\_\_ # of Liquor Claims \_\_\_\_\_ # of Mold Claims: \_\_\_\_\_

\_\_\_\_\_

Location #:1-1

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Subject of Insurance	Amount	Co-Ins %	Rep. Cost or ACV?	Coverage Form	Deduc.
Building					
Tenants Improvements					
Business Personal Property					
Business Income					

Include Extra Expense in the Business Income? \_\_\_\_\_

Should the Payroll Limitation apply to Business Income? \_\_\_\_\_

Add Broadening Endorsement? \_\_\_\_\_ Add Food Borne Illness (sublimit)? \_\_\_\_\_ Add Mechanical Breakdown? \_\_\_\_\_

To see a list of coverages provided by our broadening endorsement, and to request higher limits where we have them, please see the last page of this application.

Does the applicant own the building? \_\_\_\_\_ Year originally built: \_\_\_\_\_ Year gutted to the studs & rebuilt: \_\_\_\_\_

Year Updated: Wiring: \_\_\_\_\_ Roofing: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_

Construction Type: \_\_\_\_\_ (i.e.: Frame, Masonry, etc.) Protection Class: \_\_\_\_\_ # of stories: \_\_\_\_\_

Is the building built on pilings? \_\_\_\_\_ Do any customers arrive by boat? \_\_\_\_\_ If so, describe dock on separate sheet.

Total Area of the building: \_\_\_\_\_ Sq. Ft. Area Occupied by the Applicant: \_\_\_\_\_ Public Area: \_\_\_\_\_

Is roof construction wood, shake/shingle or ??? (choose one or mixed)? \_\_\_\_\_ Is the roof flat? \_\_\_\_\_

Is the building on circuit breakers? \_\_\_\_\_ Type of Wiring? \_\_\_\_\_ Plumbing is \_\_\_\_\_

Does the applicant use a microwave, autofry, pizza oven or other self contained cooking equipment? \_\_\_\_\_

If so, is this equipment Underwriters Laboratories (UL) approved? \_\_\_\_\_

Does the applicant do any other type of cooking on premises? \_\_\_\_\_

If so, is there a UL approved auto extinguishing system over ALL cooking surfaces and deep fryers (other than self contained units described above)? \_\_\_\_\_ Type of system: \_\_\_\_\_

Does the system include an automatic gas or electric shut off, with a manual pull capacity? \_\_\_\_\_

Is there a semi-annual (or more frequent) service contract on the automatic extinguishing system? \_\_\_\_\_

Are hoods and ducts equipped with filters? \_\_\_\_\_ Are filters cleaned at least every 6 months? \_\_\_\_\_

Are hoods and ducts cleaned every 6 months or more frequently? \_\_\_\_\_ Date of last cleaning: \_\_\_\_\_

Are portable fire extinguishers mounted & accessible to cooking areas? \_\_\_\_\_

What % of this building is vacant? \_\_\_\_\_ Are there any uncorrected fire code violations? \_\_\_\_\_

Is the building on any historical register? \_\_\_\_\_ Discuss Other Occupancies & Adjoining Property Exposures / Distance: \_\_\_\_\_

**Property Coverage Information (continued)**

Is the building covered by a burglar alarm? \_\_\_\_\_ Fire alarm? \_\_\_\_\_ Central Station, Local or Pull Alarm? \_\_\_\_\_

Does the burglar alarm system, if any, include interior motion detectors? \_\_\_\_\_

# of fire extinguishers? \_\_\_\_\_ Date last serviced and tagged? \_\_\_\_\_

% of the building that is sprinklered? \_\_\_\_\_ Are the sprinklers operational? \_\_\_\_\_

Does the applicant have an in-floor safe? \_\_\_\_\_ Does the applicant make daily bank deposits? \_\_\_\_\_

Limits of Liability:

General Aggregate: \_\_\_\_\_  
Products / Completed Ops Agg: \_\_\_\_\_  
Personal & Advertising Injury: \_\_\_\_\_  
Each Occurrence: \_\_\_\_\_  
Damage to Rented Premises: \_\_\_\_\_

Medical Expense (any 1 person): \_\_\_\_\_  
Liquor Legal (Each Common Cause): \_\_\_\_\_  
Liquor Legal (Annual Aggregate): \_\_\_\_\_  
Non-owned and Hired Auto: \_\_\_\_\_  
Employers Liability: \_\_\_\_\_  
Employee Benefits Liability: \_\_\_\_\_

As respects CGL & Liquor Liability Aggregates \_\_\_\_\_

Gross Sales by Category -- Projected for Policy Term

On premises food \_\_\_\_\_ Off Premises Catering -- Food \_\_\_\_\_  
On premises beer & wine \_\_\_\_\_ Off Premises Catering -- Liquor \_\_\_\_\_  
Other liquor (on premises) \_\_\_\_\_ Package Store Receipts: \_\_\_\_\_  
Cover / Door Charges \_\_\_\_\_ Other Receipts\* \_\_\_\_\_

Total Receipts -- Current Year	_____
Total Receipts -- Last Year	_____
Total Receipts -- Year Prior	_____

Total Projected Receipts: \_\_\_\_\_

\* Source of other receipts: \_\_\_\_\_

Average price of a dinner entree? \_\_\_\_\_

Number of employees by category: Managers: \_\_\_\_\_ Bartenders: \_\_\_\_\_ ID Checkers: \_\_\_\_\_

Wait staff: \_\_\_\_\_ Unarmed Security: \_\_\_\_\_ Armed Security: \_\_\_\_\_ Other: \_\_\_\_\_

Maximum number of bouncers or security staff, but not ID checkers, on duty at one time? \_\_\_\_\_

If bouncers are used, to what extent are they off duty police officers? \_\_\_\_\_

Size of dance floor? \_\_\_\_\_ (square feet) Is it elevated? \_\_\_\_\_ Are there handrails? \_\_\_\_\_ Stairs lit and marked? \_\_\_\_\_

Does the applicant have live music? \_\_\_\_\_ ...a DJ? \_\_\_\_\_ If so, how often? \_\_\_\_\_

Type(s) of Music: \_\_\_\_\_ If Other, describe: \_\_\_\_\_

Does the insured have or allow mosh/moshing pit, stage diving or crowd surfing? \_\_\_\_\_ Pyrotechnics? \_\_\_\_\_

Is this a karaoke bar? \_\_\_\_\_ A biker bar? \_\_\_\_\_ Do they have adult entertainment, dancers, reviews, etc? \_\_\_\_\_

Is the parking lot under the applicants control? \_\_\_\_\_ If so, area? \_\_\_\_\_ Valet Parking? \_\_\_\_\_

The surface of the parking lot is: \_\_\_\_\_ Any mechanical bulls or other mechanical rides? \_\_\_\_\_

Number of exits: \_\_\_\_\_ Are all exits marked with exit signs? \_\_\_\_\_ ...with panic door hardware? \_\_\_\_\_

Are all exits kept unlocked during business hours? \_\_\_\_\_ Legal capacity of the building (persons): \_\_\_\_\_

Describe all events sponsored by the applicant, including mechanical animal riding, bungee jumping, frozen fowl bowling, trampoline, wrestling, boxing, racing events, volleyball, horseshoes, basketball or snow machines events. State "None" if none.

Does applicant sponsor athletic activities, teams or events? \_\_\_\_\_

No. of video and arcade games? \_\_\_\_\_ No. of dart boards? \_\_\_\_\_ No. of pool tables? \_\_\_\_\_

**Liquor Liability Information**

Name on Liquor License: \_\_\_\_\_ Liquor License #: \_\_\_\_\_  
 Average age of clientele? \_\_\_\_\_ Do you have written policies and procedures regarding service to customers? \_\_\_\_\_  
 Do you provide free rides home to intoxicated patrons? \_\_\_\_\_ Does the applicant provide free use of a "breathalyzer"? \_\_\_\_\_  
 Does the applicant have security cameras? \_\_\_\_\_ Does the applicant allow after hours parties? \_\_\_\_\_  
 Have the insured, or any employees while working for applicant, had any liquor citations / violations in the past 3 years? \_\_\_\_\_  
 Has the applicant had this, or any other, liquor license suspended or revoked? \_\_\_\_\_ If so, please provide **complete** details

**Incidental Exposures**

Do you have any exposures not previously identified? \_\_\_\_\_ If not, then skip the remainder of this section  
 Check any incidental exposures that you may have and complete the questions related to that exposure.

Apartments # of units on premises: \_\_\_\_\_ # of units off premises: \_\_\_\_\_ Do all units have smoke detectors? \_\_\_\_\_  
 Beverage (aka: Package or Liquor) Store Receipts: Beer & Wine: \_\_\_\_\_ Liquor: \_\_\_\_\_ Other: \_\_\_\_\_  
 Buildings or Premises -- LRO Area Leased to Others \_\_\_\_\_ Sq. Ft. Industrial or manufacturing tenants? \_\_\_\_\_  
 Dwellings # of units on premises: \_\_\_\_\_ # of units off premises: \_\_\_\_\_ Do all units have smoke detectors? \_\_\_\_\_  
 Gift Shop Receipts: \_\_\_\_\_  
 Hotels, Motels & Highway Road Stops # of hotel / motel units: \_\_\_\_\_ Do all units have smoke detectors? \_\_\_\_\_  
 Receipts for the following: Room rental: \_\_\_\_\_ Laundries: \_\_\_\_\_ Showers: \_\_\_\_\_ Fuel / Gasoline: \_\_\_\_\_  
 Convenience stores / firewood (no fuel/gas): \_\_\_\_\_ Campgrounds / Trailer Parks: \_\_\_\_\_ Propane: \_\_\_\_\_  
 Offices (Off premises only). Area: \_\_\_\_\_ Sq. Ft.  Warehouses (Insured occupied only). Area: \_\_\_\_\_ Sq. Ft.  
 Other -- Describe and provide a rating basis. \_\_\_\_\_

**Additional Interests**

Name: \_\_\_\_\_ Cert Holder only? \_\_\_\_\_  
 Attn: \_\_\_\_\_ Additional Insured & Cert? \_\_\_\_\_  
 Address: \_\_\_\_\_ Loss Payee? \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Contract of Sale? \_\_\_\_\_  
 Please describe the insurable interest: \_\_\_\_\_ Mortgagee? \_\_\_\_\_

Name: \_\_\_\_\_ Cert Holder only? \_\_\_\_\_  
 Attn: \_\_\_\_\_ Additional Insured & Cert? \_\_\_\_\_  
 Address: \_\_\_\_\_ Loss Payee? \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Contract of Sale? \_\_\_\_\_  
 Please describe the insurable interest: \_\_\_\_\_ Mortgagee? \_\_\_\_\_

**Inspection Contact Information**

Name of Contact Person: \_\_\_\_\_  
 Phone -- Land Line: \_\_\_\_\_ Phone -- Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Best time to call: \_\_\_\_\_  
 Additional Comments or Instructions: \_\_\_\_\_

**Additional Coverages and Extensions**

Our Broadening Endorsement includes the following coverages and limits. Additional limits may be available:

Coverage	Amount Included (Per Occurrence)	Additional Amount Requested	Total Amount Requested (including Amount Included)
Accounts Receivable	\$25,000		\$25,000
Arson Reward	\$5,000		\$5,000
Electronic Data Processing Equipment – Off Premises	\$10,000		
Electronic Data Processing Equipment – On Premises	\$20,000		
Employee Theft	\$10,000		\$10,000
Fine Arts	\$15,000		
Fire Department Service Charge	\$5,000		\$5,000
Fire Protection Device Recharge	\$1,000		\$1,000
Money and Securities	\$10,000		
Outdoor Property	\$10,000		\$10,000
Outdoor Signs	\$15,000		
Personal Effects and Property of Others	\$10,000		\$10,000
Property in Transit	\$15,000		\$15,000
Sewer, Drain, or Sump Backup or Overflow	\$15,000		\$15,000
Spoilage or Contamination	\$25,000		
Valuable Papers and Records other than Electronic Data	\$25,000		\$25,000

Ordinance or Law -- Limit requested for Coverages A, B & C (combined limits) (\$100,000 max): \_\_\_\_\_

(Note: Requests for separate limits for Coverages A, B & C will be hesitantly considered.)

Tenant Glass -- Limit requested (\$10,000 max): \_\_\_\_\_

Please select any of the following that you are requesting:

Primary & Non-Contributory

Waiver of Subrogation

Blanket Waiver of Subrogation

Employment Practices Liability -- If you would like an off-program EPLI indication (\$1,500 MP), please advise the following:

Number of Full-Time Employees \_\_\_\_\_

Number of Part-Time Employees \_\_\_\_\_

Excess or Umbrella -- Limit requested \_\_\_\_\_ Policy Form Requested \_\_\_\_\_

Comments:

Target Price: \_\_\_\_\_ (Note: Credits are not generally applied without a target price.)

As a condition precedent to coverage, the applicant warrants that the above information, as well as the information contained on any additional location or other addendums, is true, complete, and free of material misstatement or misrepresentation.

Applicant  
Signature: \_\_\_\_\_

Producer  
Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Date Signed: \_\_\_\_\_