



HOSPITALITY SUPPLEMENTAL APPLICATION

APPLICANT					
1. Named Insured					
2. DBA Name					
3. Website					
4. Physical Location Address					
5. Effective Date					
6. How many years in business at this location?					
7. Type of Establishment: <input type="checkbox"/> Restaurant <input type="checkbox"/> Bar <input type="checkbox"/> Nightclub <input type="checkbox"/> Gentlemen's Club <input type="checkbox"/> Other:					
8. Does the establishment offer any self-serve or self-pour alcoholic beverages to customers?					<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the establishment offer any beverages containing THC (tetrahydrocannabinol) to customers?					<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Revenue					
Food Sales		\$		Liquor Sales	\$
Cover Charge/Admissions Sales		\$		Other Sales	\$
Total Sales		\$			
ENTERTAINMENT (If applicant does not have any entertainment, skip this section)					
11. What type of entertainment?					
<input type="checkbox"/> Juke Box, Karaoke, Solo Musician/Vocalist, Non-music live entertainers (ex. Stand-up comedian)				Nights per week:	
<input type="checkbox"/> Dueling Pianos				Nights per week:	
<input type="checkbox"/> Live Band				Nights per week:	
<input type="checkbox"/> DJ				Nights per week:	
<input type="checkbox"/> Other:				Nights per week:	
12. What type of music (choose all that apply):		<input type="checkbox"/> Jazz, Blues, Reggae, Folk <input type="checkbox"/> Top 40, Alternative <input type="checkbox"/> Country Western, Rock <input type="checkbox"/> Hip Hop, Rap <input type="checkbox"/> Other:			
13. Is there a dance floor?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the square foot area of the dance floor?					sq ft.

14. Does the establishment allow or offer hookah (water pipe) smoking on the premises?		<input type="checkbox"/> Yes <input type="checkbox"/> No
LIFE SAFETY		
15. Is the premises fully sprinklered?		<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Do all exits have lighted exit signs?		<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are all exits equipped with panic door hardware?		<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is there emergency backup lighting?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Is there a formal written evacuation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
SECURITY		
20. What is the posted capacity of the premises?		
21. Have the emergency services (police, ambulance, fire, etc.) been called to the premises in the last 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain why:		
22. Does the applicant have any of the following? (choose all that apply):		
<input type="checkbox"/> No security <input type="checkbox"/> Employee checking IDs at the door <input type="checkbox"/> Off duty police (employed) <input type="checkbox"/> Outside security company <input type="checkbox"/> Other security (please describe):		
23. If applicant has outside security:		
Does the applicant have a written agreement in place with the security company?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the written agreement include indemnification and hold harmless in favor of the applicant?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the written agreement require the security company to carry \$1,000,000 per Occurrence General Liability Insurance and name the applicant as an Additional Insured?		<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Is the security armed or unarmed?		
25. Number of security cameras that view indoor public areas:		
26. Number of security cameras that view the parking lot:		
27. How long is security tape kept on file?		
LIQUOR		
28. What is the name on applicant's Liquor License?		
29. What is the License Number?		#
30. What is the Expiration Date of the license?		
31. Has the applicant ever been assessed a fine for a violation of a law concerning the sale of alcohol?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:		
32. Has the applicant ever had their liquor license suspended?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:		

33. Does the applicant permit BYOB?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Does the applicant allow individuals under the legal drinking age on premises?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
35. Are IDs checked at the door or at the time of liquor service?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
36. Are ID scanners used?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
37. Does the applicant have written guidelines for checking IDs?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. What is the name of the alcohol training program used for servers?			
39. How often are servers required to attend alcohol training?			
40. What is the policy for employees consuming alcohol on premises?			
Is this a written policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
41. What time does liquor service stop?			
42. Are automatic precision pour liquor devices used?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
43. Is there bottle service other than wine?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
44. Does the applicant promote any drinking games? ie. Flip cup, beer pong, etc.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDITIONAL CONTACT INFORMATION			
45. Audit Contact Name			
46. Audit Contact Address			
47. Audit Contact Phone #		48. Audit Contact E-mail	
49. Inspection Contact Name			
50. Inspection Contact Phone #		51. Inspection Contact E-mail	

FRAUD NOTICE

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 CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA for Commercial Auto Applicants, RI, TN, VA, WA or WV – see Additional Fraud Notices for these jurisdictions below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA 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 CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from 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 insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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 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 MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 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 YORK APPLICANTS (Does not apply to Commercial Auto Applicants): 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 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 five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO NEW YORK APPLICANTS (Commercial Auto Applicants Only): Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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 any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS (Commercial Auto Applicants Only): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

NOTICE TO TENNESSEE APPLICANTS (Does not apply to Workers Compensation Applicants), VIRGINIA AND WASHINGTON 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 undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy:

- 1) the applicant, if located in any state or jurisdiction other than Maine, must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued.
- 2) the applicant, if located in the state of Maine, must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify any quotation or binder that may have been issued. Further the insurer reserves the right to modify, cancel or deny coverage for fraud or material misrepresentation in accordance with 24-A M.R.S. § 2908.

The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

* ELECTRONIC SIGNATURE AND ACCEPTANCE ☐

PRODUCER INFORMATION:

Producer Name (Printed)

Producer Signature*

* ELECTRONIC SIGNATURE AND ACCEPTANCE ☐

* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.