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P.O. Box 4439 Sandy, UT 84091
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**BARS, RESTAURANTS,
AND TAVERNS
APPLICATION**

A. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Contact Person: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Producer Name: _____ Producer Phone Number: _____

Producer Email: _____

Detailed description of business activities (specifically, and by location): _____

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Is this a new business? Yes No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: _____

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: _____

Annual Payroll: \$ _____ Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

B. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

C. Other Insurance

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

D. Desired Insurance

General Liability	<input type="checkbox"/> 25/25,000	<input type="checkbox"/> 50/50,000	<input type="checkbox"/> 100/100,000	<input type="checkbox"/> 100/300,000	<input type="checkbox"/> 150/300,000	<input type="checkbox"/> 200/400,000	<input type="checkbox"/> 250/500,000
Liquor Liability	<input type="checkbox"/> 25/25,000	<input type="checkbox"/> 25/50,000	<input type="checkbox"/> 50/50,000	<input type="checkbox"/> 50/100,000			
Self Insured Retention (SIR)	<input type="checkbox"/> 1,000	<input type="checkbox"/> 2,500	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000			

Classification of risk:

- Tavern Disco Bowling Center Restaurant Banquet Facility Country Club
 Membership Club Caterer: Off premises On premises

Facilities Sq. Footage: _____ Sq. Ft. / Seating Capacity: _____ / Largest Room _____ Sq. Ft.

Roof type: Flat Pitched Other _____ Location of Public Restrooms: _____ Floor

Other Occupancies:

Floor #1: _____

Floor #2: _____

Parking Area: Lot _____ Sq. Ft. Lighted? Yes No Valet? Yes No

E. Business Activities

1. Are surrounding premises: Downtown District Industrial Seasonal Rural Resort
 Waterfront Shopping Center Suburban/Commercial
 Residential/Commercial

2. If waterfront, does applicant provide boat-docking facilities for patrons? Yes No

3. If Yes, docking space for how many boats? _____

4. Seasonal: Yes No Period from _____ to _____

5. Hours of operation: From _____ to _____

6. Days per Wk: _____ Busiest Hours: _____

7. Annual Sales:

	Past 12 Months	Estimate Next 12 Months
Liquor Sales Only		
Food Sales Only		
Total Annual Receipts		
Other		
Total:		

8. Clientele:

- Local Residents Families Retirement Community College students
 Seasonal Residents

9. Median age of patrons: 18 – 25 26 – 30 30 – 40 40 and over

10. Are premises located near a college or university? _____

11. Owner or Member of Family live on premises? Yes No
 If Yes, Homeowner Policy # _____

12. Security or Bouncer? Yes No
 If yes, details of duties: _____

13. Number of bouncers or doormen: _____

14. Weapons on premises? Yes No
 If yes, describe: _____

15. Kitchen Information:

COOKING DEVICE	FUEL		PROTECTION		AUTO EXTINGUISHER	
	Gas	Electric	Hood	No Hood	Yes	No
Type						
Grill						
Deep Fry						
Broiler						
Range/Oven						

16. Automatic Extinguisher Contract? Yes No

17. Filter Cleaning Contract? Yes No

18. Is the applicant other than an individual or sole proprietorship? Yes No

If Yes, list the name and addresses of Corporate Shareholders; Trustees or Beneficiaries; Partners or Limited Partners:

Name	Address	Position	% of Interest

F. Entertainment

1. Is there any live entertainment on premises? Yes No
 If yes, number of times per week: _____

If Yes, describe (include go-go dancers, topless, disco, exotic, etc.): _____

2. Is there dancing? Yes No
 Number of times per week: _____ Square footage of dance floor: _____

3. Does applicant have amusement devices? Yes No
 If yes, how many: _____ Describe: _____

4. Is there a minimum or cover charge? Yes No

5. Sports on premises? Yes No
 If yes, provide complete details: _____

6. Sports sponsored off premises? Yes No
If yes, number of times per week: _____ Give details: _____

G. General Information:

1. Are facilities available for use or rent for private parties, banquets or similar affairs? Yes No
If Yes, number of times per year: _____ Describe: _____

2. Does applicant advertise or promote "happy hour" or other events when drinks are sold at a lower price than usual? Yes No

3. Do you subscribe to a taxi or other service providing transportation home to apparently intoxicated patrons Yes No

If Yes, describe: _____

4. Number of years under current management: _____

5. How many hours a day is applicant open? _____

6. Types of meals served: Full meals Short order

7. Maintenance of building is: Good Average Poor

8. Housekeeping is: Good Average Poor

9. In the past five years has applicant been cited by the Liquor Control Commission? Yes No

If Yes, give date(s) and full explanation: _____

10. Are police records and background checks conducted on employees? Yes No

11. Are security guards/bouncers/doormen employees or independent contractors? Yes No

If yes, do they provide Certificates of Insurance and Additional Insured Endorsements to the applicant? Yes No

12. Does the applicant have Workers' Compensation coverage in force? Yes No

13. Does applicant lease employees? Yes No

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name