



# The RCA Insurance Group

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(Rev 1/2004)

<http://www.rca-insurance.com>

## RESTAURANT/TAVERN APPLICATION

Corporate Name of Applicant \_\_\_\_\_ Trading Name \_\_\_\_\_  
Address of Applicant \_\_\_\_\_ City \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Web Address \_\_\_\_\_  
Mailing Address (If Different) \_\_\_\_\_  
Current Company \_\_\_\_\_ Renewal Date \_\_\_\_\_ Current Premium \$ \_\_\_\_\_

### ***This Owners/Shareholders Information Must Be Entered To Bind Coverage***

Owners Name (Principal) \_\_\_\_\_ SS # \_\_\_\_\_ D/O/B \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

If more than one owner, list all on back page. All owners/shareholders must complete to bind.

### ***Business Information***

Applicant is a: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Other \_\_\_\_\_  
Applicant is a: Restaurant \_\_\_\_\_ Diner \_\_\_\_\_ Tavern \_\_\_\_\_ Night Club \_\_\_\_\_ Banquet Hall \_\_\_\_\_  
Other (Please Specify) \_\_\_\_\_  
Applicant is located in: City \_\_\_\_\_ Small town \_\_\_\_\_ Rural area \_\_\_\_\_ Other \_\_\_\_\_  
# Years at this Location \_\_\_\_\_ # of years in Restaurant/Tavern Business \_\_\_\_\_  
Federal EIN # \_\_\_\_\_ Liquor License # \_\_\_\_\_ Legal Bldg. Occupancy \_\_\_\_\_  
If less than 3 years at this Location, list previous experience \_\_\_\_\_

### ***Operations Section***

Is Applicant Open Now Yes \_\_\_\_\_ No \_\_\_\_\_ If "No", Explain \_\_\_\_\_  
Hours of Operation From \_\_\_\_\_ To \_\_\_\_\_ # of Days per Week \_\_\_\_\_  
Is Applicant a Seasonal Operation Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Explain \_\_\_\_\_  
Distance to Ocean or Nearest Body of Water \_\_\_\_\_ Is Risk Eligible for Windstorm Pool? \_\_\_\_\_

### ***Financial Information***

Is Owner or Corporation now or ever involved in: Bankruptcies \_\_\_\_\_ Foreclosures \_\_\_\_\_  
Tax Liens \_\_\_\_\_ Business Failures \_\_\_\_\_ Any Litigations \_\_\_\_\_  
If Yes, Please Explain \_\_\_\_\_

### ***Physical Plant Section***

Age of Building \_\_\_\_\_ Construction Type \_\_\_\_\_ Protection Class \_\_\_\_\_ # of Stories \_\_\_\_\_  
Age of: Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Roofing \_\_\_\_\_

**Physical Plant Section (cont'd)**

Smoke Detectors Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Electric \_\_\_\_\_ Battery Power \_\_\_\_\_

Fire Alarm Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Type: Central Station \_\_\_\_\_ Local \_\_\_\_\_

Burglar Alarm Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Type: Central Station \_\_\_\_\_ Local \_\_\_\_\_

Sprinkler System Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Age \_\_\_\_\_ Type: Wet or Dry System? \_\_\_\_\_

Kitchen Fire Protection: Yes \_\_\_\_\_ No \_\_\_\_\_

U.L. Approved Automatic Extinguishing System under Semiannual Contract \_\_\_\_\_

Above System Covering All Cooking Surfaces \_\_\_\_\_

System Name \_\_\_\_\_ Wet or Dry System \_\_\_\_\_

Automatic Gas or Electric Shut Offs for Cooking Yes \_\_\_\_\_ No \_\_\_\_\_

Hood and Filters Cleaned Weekly by Staff \_\_\_\_\_

BC Extinguisher Available in Kitchen \_\_\_\_\_

Hoods and Ducts Over All Cooking Equipment \_\_\_\_\_

Hoods and Ducts Maintenance Contract Schedule # Month \_\_\_\_\_

**Entertainment Section**

Entertainment Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", ENTIRE Section MUST be Completed

Nights w/Ent. Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Clientele Avg. Age \_\_\_\_\_

Type of Entertainment Rock Group \_\_\_\_\_ DJ \_\_\_\_\_ Band (Any Kind) \_\_\_\_\_ Go-Go \_\_\_\_\_ Karaoke \_\_\_\_\_

Other (Please Describe) \_\_\_\_\_

Dance Floor or Stage Exist Yes \_\_\_\_\_ No \_\_\_\_\_ Is Dancing Permitted Yes \_\_\_\_\_ No \_\_\_\_\_

Amusement Devices (Pool Tables, Video Games, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", # \_\_\_\_\_

Description \_\_\_\_\_

**Liquor Legal Liability Section**

Does Applicant Serve Alcohol Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Entire Section MUST be Completed

Does Applicant Have Liquor License Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Type and # \_\_\_\_\_

Does Applicant Sell Package Goods Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", % of Liquor Receipts \_\_\_\_\_ %

# of Bar Seats \_\_\_\_\_ Max # of staff per shift: Bartenders \_\_\_\_\_ Wait Staff \_\_\_\_\_ Avg. Employment Exp. \_\_\_\_\_ yrs

Are Employees Given Liquor Training Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Explain Type and When Trained \_\_\_\_\_

Does Applicant Have Written Policy on Serving Alcohol for Employees & Customers Yes \_\_\_\_\_ No \_\_\_\_\_

Is Management Notified Prior to Shutting Off Patrons Yes \_\_\_\_\_ No \_\_\_\_\_

Is Documentation Kept on Each Incident Yes \_\_\_\_\_ No \_\_\_\_\_

# of Bars on Premises \_\_\_\_\_ Is There a Steady Bar Clientele Yes \_\_\_\_\_ No \_\_\_\_\_

Is There a Happy Hour Yes \_\_\_\_\_ No \_\_\_\_\_ Reduced Price Drinks Yes \_\_\_\_\_ No \_\_\_\_\_

Is a Last Call Given Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", What Time \_\_\_\_\_

Have There Been Any Liquor Board Violations Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", List ALL Violations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Property Section**

Does Applicant Own Building Yes \_\_\_\_ No \_\_\_\_ Is Applicant Required by Lease to Insure Building Yes \_\_\_\_ No \_\_\_\_  
Building Limit \_\_\_\_\_ Co-Ins % \_\_\_\_\_ ACV \_\_\_\_\_ R/C \_\_\_\_\_ Deductible \_\_\_\_\_  
Contents Limit \_\_\_\_\_ Co-Ins % \_\_\_\_\_ ACV \_\_\_\_\_ R/C \_\_\_\_\_ Deductible \_\_\_\_\_  
Business Income Limit \_\_\_\_\_ Contribution or Co-Ins % \_\_\_\_\_ Waiting Period: 72 Hours  
Loss of Rents Limit \_\_\_\_\_ Co-Ins % \_\_\_\_\_ Deductible \_\_\_\_\_  
Cause of Loss: Basic \_\_\_\_\_ Special \_\_\_\_\_  
Employee Dishonesty Limit \_\_\_\_\_ Deductible \_\_\_\_\_  
Property Enhancement Endorsement Requested Yes \_\_\_\_ No \_\_\_\_ (See Web Site for Coverages)  
Other Property Coverages Requested \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Liability Section**

General Liability Limit \_\_\_\_\_ Aggregate \_\_\_\_\_  
Liquor Liability Limit \_\_\_\_\_ Aggregate \_\_\_\_\_  
Receipts: Food \_\_\_\_\_ Liquor \_\_\_\_\_ Other \_\_\_\_\_ Total \_\_\_\_\_  
Square Footage: Building \_\_\_\_\_ Restaurant \_\_\_\_\_ Table Seating Capacity \_\_\_\_\_  
Off Premise Parking Yes \_\_\_\_ No \_\_\_\_ If "Yes", list address and square footage \_\_\_\_\_  
\_\_\_\_\_  
On or Off Premise Catering / Banquet Yes \_\_\_\_ No \_\_\_\_ If "Yes", % of total Receipts \_\_\_\_ %  
Describe Catering Operation \_\_\_\_\_  
Lodging Operations Other than Apartments Yes \_\_\_\_ No \_\_\_\_ # Apartments if Any \_\_\_\_\_  
If "Yes", Describe: \_\_\_\_\_  
Describe Any Other On or Off Premise Exposure NOT Listed Above \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Security**

Are Any Bouncers, Door Person or Security Used, if Yes Describe Type and Purpose: \_\_\_\_\_  
\_\_\_\_\_  
Are Any Non-Employee Security Services Hired or Contracted, if Yes Describe Type and Purpose: \_\_\_\_\_  
\_\_\_\_\_  
In the Last 12 Months Have Any Emergency Services Been Called; i.e. Police, Ambulance, Fire Yes \_\_\_\_ No \_\_\_\_  
If "Yes", Explain \_\_\_\_\_  
\_\_\_\_\_

**Non-Owned Automobile (Hired Auto Not Available)**

Is Non-Owned Automobile Requested? Yes \_\_\_\_ No \_\_\_\_ **If Yes, Complete Entire Section**  
Number of Employees \_\_\_\_\_ Does Applicant have a Business Auto Policy? Yes \_\_\_\_ No \_\_\_\_  
**Any Delivery Use? Yes \_\_\_\_ No \_\_\_\_** List the Business Purposes the Non-Owned Auto will be Utilized for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Interests**

Mortgagee and Address 1st \_\_\_\_\_  
\_\_\_\_\_ Check if None 2nd \_\_\_\_\_  
Additional Insureds 1st \_\_\_\_\_  
\_\_\_\_\_ Check if None 2nd \_\_\_\_\_  
3rd \_\_\_\_\_  
Loss Payees 1st \_\_\_\_\_  
\_\_\_\_\_ Check if None 2nd \_\_\_\_\_

**Claims Section**

List ALL Claims for Each Section for the Past 5 Years. If None, Then Answer "None".

Property Claims \_\_\_\_\_

General Liability Claims \_\_\_\_\_

Liquor Liability Claims \_\_\_\_\_

**Additional Owners/Shareholders      Must Be Completed and Signed By All Owners/Shareholders To Bind**

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

The signing of this application does not bind the Applicant nor any company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the acceptance of a contract. It is therefore the warranty of the undersigned that the information contained herein is true and correct, and it is hereby understood that the policy will be warranted based on this information. It is further understood that 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 the person to criminal and civil penalties. I hereby authorize RCA to run any credit reference checks in accordance with the Fair Credit Reporting Act (91-508), should they deem necessary.

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Must Be Signed by All Owners/Shareholders to Bind)

Are you the controlling agent on this account? ☐ Yes ☐ No

Agent \_\_\_\_\_

Producer \_\_\_\_\_

Address \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

FAX # ( ) \_\_\_\_\_

Agent Signature \_\_\_\_\_

E-mail address \_\_\_\_\_

**Comments/Notes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_