



# Restaurant, Bar & Tavern **guard**

## Restaurant/Bar/Tavern Application

Name Insured (Corp): \_\_\_\_\_ DBA (Name): \_\_\_\_\_  
 Location Address: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Web Address: \_\_\_\_\_ Mailing Address (If Different): \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Effective/Renewal Date: \_\_\_\_\_ Current/ Target Premium: \_\_\_\_\_  
 Has Current Policy Been Cancelled or Non-Renewed: Yes ☐ No ☐ If Yes, Describe: \_\_\_\_\_

### 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 ☐ Tavern ☐ Night Club ☐ Diner ☐ Banquet Hall ☐ Social Club ☐  
 Other (Please Specify): \_\_\_\_\_  
 # Years at this Location: \_\_\_\_\_ # Years in the Restaurant/Tavern Business: \_\_\_\_\_  
 If less than 3 years at this Location, list previous experience: \_\_\_\_\_  
 Federal EIN #: \_\_\_\_\_ Liquor License #: \_\_\_\_\_ Legal Bldg. Occupancy: \_\_\_\_\_

### Operations Section Owner/Shareholder Must Complete to Quote

Is Applicant Open Now?: Yes ☐ No ☐ If No, Explain: \_\_\_\_\_  
 Hours of Operation: From \_\_\_\_\_ To \_\_\_\_\_ # of Days per Week: \_\_\_\_\_  
 Is Applicant Seasonal?: Yes ☐ No ☐ If Yes, explain maintenance, security & hired caretaker operations on Page 5.  
 Does an owner manage the business directly? Yes ☐ No ☐ Distance to ocean or nearest body of water: \_\_\_\_\_

### Physical Plant Section

Age of: Building: \_\_\_\_\_ Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_ Roofing: \_\_\_\_\_  
 Construction: \_\_\_\_\_ Protection Class: \_\_\_\_\_ # of Stories: \_\_\_\_\_ Roof Shape: Flat ☐ Gable ☐ Hip ☐  
 Roof Cladding: Asphalt ☐ Built-Up ☐ Sheet/Metal ☐ Tile/Clay ☐ Wood Shingle ☐  
 Exterior Cladding: Wood ☐ EIFS ☐ Other: \_\_\_\_\_

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

Other Occupants: Yes ☐ No ☐ If Yes, Type: \_\_\_\_\_

Smoke Detectors: Yes ☐ No ☐ If Yes, Type: Electric ☐ Battery Power ☐

Fire Alarm: Yes ☐ No ☐ If Yes, Type: Central Station ☐ Local ☐

Burglar Alarm: Yes ☐ No ☐ If Yes, Type: Central Station ☐ Local ☐ Surveillance Cameras: Y ☐ N ☐

Inside?: Y ☐ N ☐ Outside?: Y ☐ N ☐ Central Monitor?: Y ☐ N ☐ Archived for \_\_\_\_\_ #Mo's \_\_\_\_\_

Sprinkler System: Yes ☐ No ☐ If Yes, Age: \_\_\_\_\_ Type of System: Wet ☐ Dry ☐

Volunteer Fire Department: Yes ☐ No ☐ Distance To: Hydrant \_\_\_\_\_ Fire Dept. \_\_\_\_\_

Kitchen Fire Protection: Y ☐ N ☐ U.L. Approved Automatic Extinguishing System under Semiannual Contract: Y ☐ N ☐

Above System Covering All Cooking Surfaces: Y ☐ N ☐ System Name: \_\_\_\_\_ Wet ☐ Dry ☐

Automatic Gas or Electric Shut Offs for Cooking: Y ☐ N ☐ Hood and Filters Cleaned Weekly by Staff: Y ☐ N ☐

Hoods and Ducts Over all Cooking Equip.: Y ☐ N ☐ Hoods and Ducts Maintenance Contract Schedule #Mo: \_\_\_\_\_

Fire Extinguishers Tag Dates: \_\_\_\_\_ Is Kitchen Sub-leased?: Y ☐ N ☐ If Yes, Explain: \_\_\_\_\_

\_\_\_\_\_ Table Cooking or Tableside Cooking?: Y ☐ N ☐ If Yes, Explain: \_\_\_\_\_

**Entertainment Section (ENTIRE Section MUST be Completed)**

Entertainment: Yes ☐ No ☐ 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): \_\_\_\_\_ #'s of TV's: \_\_\_\_\_ Stage Exist?: Y ☐ N ☐

Cover Charge: Yes ☐ No ☐ If Yes, Describe When & Why: \_\_\_\_\_

Dance Floor Exist?: Yes ☐ No ☐ Dance Floor Sq. Feet: \_\_\_\_\_ If No, is dancing permitted?: Yes ☐ No ☐

Amusement Devices (Pool Tables, Video Games, etc.): Yes ☐ No ☐ If Yes, # and description: \_\_\_\_\_

**Liquor Legal Liability Section (ENTIRE Section MUST be Completed)**

Does Applicant Serve Alcohol?: Yes ☐ No ☐ If NO Liquor License is BYOB Permitted?: Yes ☐ No ☐

Does Applicant Have Liquor License?: Yes ☐ No ☐ If Yes, Type and #: \_\_\_\_\_

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

Alcohol Server Training?: Yes ☐ No ☐ If Yes, Explain Type and When Trained: \_\_\_\_\_

Does Applicant Have Written Policy on Serving Alcohol to 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?: \_\_\_\_\_

Are drink consumption games, contests, or drink enticing equipment permitted?: Yes ☐ No ☐

Does or will the applicant offer Bottle Service sale of any alcohol products?: Yes ☐ No ☐

## 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 \$: \_\_\_\_\_ (\$1,000 Min.)  
Imp. & Betterments Limit \$: \_\_\_\_\_ Co-Ins %: \_\_\_\_\_ ACV ☐ R/C ☐ Deductible \$: \_\_\_\_\_ (\$1,000 Min.)  
Contents Limit \$: \_\_\_\_\_ Co-Ins %: \_\_\_\_\_ ACV ☐ R/C ☐ Deductible \$: \_\_\_\_\_ (\$1,000 Min.)  
Business Income Limit \$: \_\_\_\_\_ Co-Ins %: \_\_\_\_\_ Waiting Period: 72 Hours Extra Expense: Yes ☐ No ☐  
Loss of Rents Limit \$: \_\_\_\_\_ Co-Ins %: \_\_\_\_\_ Total Building Square Footage: \_\_\_\_\_  
If Applicant is a Tenant Sq. Ft. of Occupied Space: \_\_\_\_\_ Cause of Loss: Basic ☐ Special ☐ Broad ☐  
Property Enhancement Endorsement Requested: Yes ☐ No ☐  
Other Property Coverage Requested: \_\_\_\_\_

## Liability Section

General Liability Limit \$: \_\_\_\_\_ Aggregate \$: \_\_\_\_\_  
Liquor Liability Limit \$: \_\_\_\_\_ Aggregate \$: \_\_\_\_\_  
Is Lessors Risk Requested?: Yes ☐ No ☐ If Yes, Supply Sq. Ft.: \_\_\_\_\_ Business Occupant: \_\_\_\_\_  
Receipts: Food \$: \_\_\_\_\_ Liquor \$: \_\_\_\_\_ Admission \$: \_\_\_\_\_ Other \$: \_\_\_\_\_ Total \$: \_\_\_\_\_  
Are There Apartments?: Yes ☐ No ☐ If Yes, Number of Units: \_\_\_\_\_ Owner Occupied?: Yes ☐ No ☐  
Are There Lodging Operations Other Than Apartments?: Yes ☐ No ☐ If Yes, Describe: \_\_\_\_\_  
Is there Waitress/Waiter Service?: Yes ☐ No ☐ If Restaurant, Table Seating Capacity: \_\_\_\_\_  
Off Premise Parking?: Yes ☐ No ☐ If Yes, list address and square footage (or # of spaces): \_\_\_\_\_  
Valet Parking by Owner?: Yes ☐ No ☐ By Valet Contractor?: Yes ☐ No ☐ If Yes Incl Cert w/CTS as named AI  
On or Off Premise Catering/Banquet?: Yes ☐ No ☐ If Yes, % of total Receipts: \_\_\_\_\_ %  
Any Teen Nites or Events Open to the Public?: Yes ☐ No ☐ **Describe Public Events and Operations on Page 5.**  
Is there a Dock/Wharf?: Yes ☐ No ☐ If Yes, is there Water Taxi Service?: Yes ☐ No ☐  
Describe Any Other On or Off Premise Exposure **NOT** Listed Above: \_\_\_\_\_

## Security

Any Persons Employed as Bouncers, Door Staff, ID Checker, Crowd Control or Security?: Yes ☐ No ☐  
If Yes, Number of Security/Bouncers on Any Shift: # \_\_\_\_\_ If Yes, Describe Type and Purpose: \_\_\_\_\_  
Any Non-Employee Security Services Hired or Contracted?: Yes ☐ No ☐  
If Yes, Describe Type and Purpose: \_\_\_\_\_  
Are Firearms Kept or Permitted on Premises by Anyone Other Than Police Officers?: Yes ☐ No ☐  
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** # 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: \_\_\_\_\_

## Claims Section

List **ALL** Claims for the Past 5 Years. If Yes, Describe Loss.

Property Claims: Yes ☐ No ☐ If Yes, Explain: \_\_\_\_\_

General Liability Claims: Yes ☐ No ☐ If Yes, Explain: \_\_\_\_\_

Liquor Liability Claims: Yes ☐ No ☐ If Yes, Explain: \_\_\_\_\_

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## Violations Section

Has the applicant been cited or incurred a violation for any health, fire or any other regulatory code/activity in the prior three years? Yes ☐ No ☐ If Yes, List and Describe: \_\_\_\_\_

Has the subject business, under the current or prior names, incurred any violations involving alcohol during or prior to your ownership? Yes ☐ No ☐ If Yes, list **ALL** violations on page 5 under comments.

Has any business owned in part or whole by you or your current partners incurred any regulatory violations involving alcohol? Yes ☐ No ☐ If Yes, list **ALL** violations on page 5 under comments.

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## Additional Interests

Mortgagees, Additional Insureds and Loss Payees are defined as Additional Interests.

☐ There are Additional Interests listed on this Application and are by this acknowledgement included in the information that is warranted by the signature(s) below.

*If the box above is not checked it is understood that there are no Additional Interests to this application.*

Additional Insured  
for type choice      Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and ZIP: \_\_\_\_\_  
Interest: \_\_\_\_\_

Additional Insured  
for type choice      Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and ZIP: \_\_\_\_\_  
Interest: \_\_\_\_\_

Additional Insured  
for type choice      Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and ZIP: \_\_\_\_\_  
Interest: \_\_\_\_\_

Additional Insured  
for type choice      Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and ZIP: \_\_\_\_\_  
Interest: \_\_\_\_\_

**Financial Information**

Is Owner or Corporation now or ever involved in: Bankruptcies Yes ☐ No ☐ Foreclosures Yes ☐ No ☐

Tax Liens Yes ☐ No ☐ Business Failures Yes ☐ No ☐ Any Litigations Yes ☐ No ☐

If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

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

**Fraud Statement**

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, and on any additional pages, if any, 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 per-son 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.

**Credit Report Authorization**

I hereby authorize Restaurant, Bar & Tavern Guard (Guardia, LLC) 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: \_\_\_\_\_

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

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

Agent: \_\_\_\_\_ Producer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ FAX #: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Comments/Notes**

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