



# Application for Bars & Restaurants

**Hospitality Insurance Providers**  
A subsidiary of Affiliated Insurance Agency, Inc., St. Louis, MO

**Corporation:**

Name and DBA: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Effective Date/Renewal Date: \_\_\_\_\_ Number of years in business: \_\_\_\_\_

If under 3 years, indicate other experience in the hospitality industry \_\_\_\_\_

**Sales:**

Food Receipts: \_\_\_\_\_ Alcohol Receipts: \_\_\_\_\_

Cover Receipts: \_\_\_\_\_ Misc. Receipts: \_\_\_\_\_

**Labor:**

Gross annual payroll (pre-tax): \_\_\_\_\_ Number of full time employees: \_\_\_\_\_

Number of part time employees: \_\_\_\_\_ Payroll for salaried employees (if any): \_\_\_\_\_

**Building Information:**

Sq. Feet of building: \_\_\_\_\_ Number of stories: \_\_\_\_\_ Basement? \_\_\_\_\_ Adjacent Tenants: \_\_\_\_\_

Building Construction type and age: \_\_\_\_\_

Roof Construction type and age: \_\_\_\_\_

Updates/Year: Wiring: \_\_\_\_\_ Roofing: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_

Located in city limits? \_\_\_\_\_ Distance to shoreline: \_\_\_\_\_

**Cooking:** Yes or No \_\_\_\_\_

If yes, Ansul system? \_\_\_\_\_ Covers: all foods? \_\_\_\_\_ Deep fat fryers? \_\_\_\_\_ Open Flames? \_\_\_\_\_

Service contract for cleaning? \_\_\_\_\_ Cleaning company name: \_\_\_\_\_ Date last cleaned: \_\_\_\_\_

How often? \_\_\_\_\_ Auto fire extinguishing system? \_\_\_\_\_ How many fire extinguishers?: \_\_\_\_\_

Security System? \_\_\_\_\_ Name of Monitoring Company: \_\_\_\_\_

Sprinklers? \_\_\_\_\_ Distance from fire hydrant: \_\_\_\_\_ Distance from fire station: \_\_\_\_\_

**Operations:** Hours of operation: From: \_\_\_\_\_ To: \_\_\_\_\_ M, T, W, Th, F, Sat., Sun.

Is there entertainment? \_\_\_\_\_ What type and how often? \_\_\_\_\_

How many video games. pool tables, dart boards, etc.? \_\_\_\_\_

Dancing? \_\_\_\_\_ If yes, what is the square footage of the dance floor? \_\_\_\_\_

**Coverage:**

Liability Amount: \_\_\_\_\_ Liquor Liability: \_\_\_\_\_

Assault & Battery: \_\_\_\_\_ Non-owned/hired auto: \_\_\_\_\_

Building Amount: \_\_\_\_\_ Contents Amount: \_\_\_\_\_

Tenant Improvements: \_\_\_\_\_ Loss of Income: \_\_\_\_\_

Do you currently have insurance? \_\_\_\_\_ If so, with whom? \_\_\_\_\_

Present Premium: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Loss Information (Prior Five Years; Dates and Amounts): \_\_\_\_\_

Loss Payee Information: \_\_\_\_\_

Additional Insured information: \_\_\_\_\_

**General Information:**

Any policy declined or canceled during the prior three years? \_\_\_\_\_

Any bankruptcies, tax or credit liens against the applicant in the past five years? \_\_\_\_\_

Is parking lot under insured's control? \_\_\_\_\_ If yes, sq. footage: \_\_\_\_\_

Is valet parking provided? \_\_\_\_\_ If yes, employees or service? \_\_\_\_\_

Has there been any incidents involving assault & battery in the past three years? \_\_\_\_\_

Number of bartenders/servers: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Do you have a formal written safety program? \_\_\_\_\_

Average age of clientele? \_\_\_\_\_ What is the seating capacity? \_\_\_\_\_

When is Happy Hour? \_\_\_\_\_ Lady's Night? \_\_\_\_\_

What type of Certified training for bartenders and servers? \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

**Fraud Statement**

*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, 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.*

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

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

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

***Please note: Once coverage is bound, and the certificates have been issued, the policy cannot be canceled.***

**Please complete this form, print, and fax to HIP at: 1.314.731.1401  
or mail to: 15 Village Square Center, Hazelwood, Missouri 63042**