



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: 636 530 1947
or mail to: 14567 N. Outer 40 Road, Suite 125, Chesterfield, MO 63017**