

**BARS/RESTAURANTS/TAVERNS GENERAL LIABILITY SUPPLEMENT**  
(Include Acord application)

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Classification of risk:     Tavern             Disco             Bowling Center             Off premises caterer  
                                   Restaurant     Banquet facility     Membership club         On premises caterer

Annual Sales		Past 12 Months	Next 12 Months
	Liquor Sales	\$	\$
Food Sales	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

Are surrounding premises:             Downtown district     Industrial     Seasonal     Rural     Resort  
     Waterfront     Suburban commercial     Residential/commercial     Shopping center

If waterfront, does applicant provide boat docking facilities for patrons?     Yes  No  
 If yes, docking space for how many boats? \_\_\_\_\_

Clientele:             Local residents             Families             Retirement community     College students     Seasonal residents

Median age of patrons:             18 - 25             25 - 30             30 - 40             40 and over  
 Are premises located near a college or university? \_\_\_\_\_

**Entertainment:**

Is there any live entertainment on premises?             Yes  No    Number of times per week: \_\_\_\_\_  
 If yes, describe (include go-go dancers, topless, disco, exotic, female/male): \_\_\_\_\_

Is there dancing?             Yes  No    Number of times per week: \_\_\_\_\_    Square footage of dance floor: \_\_\_\_\_

Does applicant have amusement devices?     Yes  No    If yes, how many: \_\_\_\_\_  
 Describe: \_\_\_\_\_

Does applicant have playgrounds?             Yes  No    If yes, how many: \_\_\_\_\_  
 Describe: \_\_\_\_\_

Is there a minimum or cover charge?             Yes  No

Sports on premises?             Yes  No    If yes, provide complete details: \_\_\_\_\_

Sports sponsored off premises?             Yes  No    Number of times per week: \_\_\_\_\_  
 Describe: \_\_\_\_\_

**General Information:**

Are facilities available for use or rent for private parties, receptions, banquets or similar affairs?             Yes  No

If yes, number of times per year: \_\_\_\_\_            Percentage of catering: \_\_\_\_\_%

Describe: \_\_\_\_\_

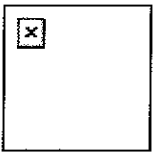
Does applicant advertise or promote "happy hour" or other events when drinks are sold at a lower price than usual?     Yes  No

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

If yes, please describe: \_\_\_\_\_

Number of years under current management: \_\_\_\_\_            How many hours per day is applicant open: \_\_\_\_\_

Types of meals served:             Full meals             Short order



Maintenance of building is:  Good  Average  Poor Housekeeping is:  Good  Average  Poor  
 Does applicant have parking area?  Yes  No Is lot well-lit?  Yes  No

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

If yes, give date(s) and full explanation: \_\_\_\_\_

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

Number of bouncers or doormen: \_\_\_\_\_

Are security guards/bouncers/doormen employees or independent contractors? \_\_\_\_\_

If independent contractors, do they provide certificates of insurance and Additional Insured Endorsements to the applicant?  Yes  No

Does applicant have Workers Compensation coverage in force?  Yes  No

Does applicant lease employees?  Yes  No Total number of employees: \_\_\_\_\_

During the past three years, has any company ever cancelled, declined, or refused to issue similar insurance to the applicant?  Yes  No  
 If yes, please explain: \_\_\_\_\_ *Not applicable in Missouri*

Schedule of Hazards								
Location No.	Classification	Class Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Others	Terr	Rate		Premium	
					Prem/Ops	Products/ - Comp Ops	Prem/Ops	Products/ Comp Ops

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date