

TRINITY E&S INSURANCE SERVICES, INC.
Bar/Tavern/Night Club/Adult Club Supplemental Application

Named Insured: _____

Location: _____

DESCRIPTION OF OPERATIONS:

Night Club Lounge Gentlemen's Club Bar / Tavern Other: _____

Do you own all or part of any business or entity not to be insured under this policy? Yes No

If Yes, please provide name operating under and type of operations: _____

EXPOSURE INFORMATION:

Hours of operation: _____ to _____ How many days per week are you open? _____

Maximum Occupancy? _____ Average Age of Clientele? _____

Liquor Licensee Name/Number/State: _____

Have you had any License Violations in last 5 Years: Yes No If Yes, Explain Any License Violations in Last 5 Years on Separate Sheet.

Describe neighborhood: (commercial/residential/rural/city): _____

Do you have parking lot? Yes No If Yes:

What is capacity of lot? Number of spaces _____

Is lot used for Special Events? Yes No If Yes explain.

Do you provide Valet Parking? Yes No If Yes, do you contract with a Service? Yes No

If you contract with a service, are COI's obtained from Service? Yes No.

Are you named as an Additional Insured on the valet service's policy? Yes No

Are there any use of Pyrotechnics or Fireworks (inside or outside)? Yes No If Yes, explain

RECEIPTS BREAKDOWN

<u>Source of Revenues</u>	<u>Estimated Revenues Next 12 Mos.</u>	<u>Revenues Prior 12 Mos.</u>
Food:	\$	\$
Liquor:	\$	\$
Cover Charges:	\$	\$
Ticket Sales:	\$	\$
Dancers, Performers Fees: (Payments to Insured)	\$	\$
All Other: Explain _____	\$	\$
Total Receipts:	\$	\$
Gambling Machines: (Slot, Poker, etc.)	\$	\$

ENTERTAINMENT:

Do you have or plan to have, during policy period, any of the following?

- DJ's. Times per week _____
- Live shows, acts. Times per week _____
- Comedy acts. Times per week _____
- Live concerts. Times per week _____
- Tough man events. Times per week _____
- Local bands. Times per week _____
- Other Explain _____

Do you have hired dancers? Yes No

If Yes, are dancers Employees Contractors Both (Provide %'s) _____

Are there rooms for private dances? Yes No Not Applicable

If Yes, is security present? Yes No

Is there video monitoring? Yes No

Is dancing permitted on premises? Yes No

Is dance floor treated with non skid surface? Yes No

Type of dance floor provided.

Raised floor

Stages

Dance floor _____sq.ft.

Do you permit customer dancing on raised equipment such as bar tops, furniture, tables, chairs, other _____ Yes No

Do you have or will have during policy period any of the following amusements on premises?

Video games. How many? _____

Pool tables. How many? _____

Dart boards. How many? _____

TV's. How many? _____

Other _____ How many? _____

None of Above

Do you have or will have during the policy period any of the following?

Mechanical Bull ride

Inflatables

Trampolines

Climbing walls

Dunk tanks

Other _____

None of Above

Do you have or will have during the policy period any type of stunt activity? Yes No

If Yes, explain: _____

SECURITY:

Are firearms or other weapons permitted or kept on premises? Yes No

Does this risk have adequate emergency lighting (interior)? Yes No

Do you have security, bouncers or doormen? Yes No If Yes:

How many? _____ Minimum _____ Maximum _____

Are background checks completed on all security people? Yes No

Are security personnel required to be licensed? Yes No

If so, are copies kept by insured Yes No

Are security personnel independent contractors? Yes No

Do you have written agreement with each contractor? Yes No

Are COI's requested from independent security firm? Yes No; If yes, need copy of COI.

If yes, are you named as an Additional Insured on the Security firm's policy? Yes No

ASSAULT &/OR BATTERY

Has the risk had any Assault and Battery claims (whether insured or not) within the past 3 years?

Yes No If yes explain. _____

Do you want to be considered for "Limited Assault & Battery Coverage"? Yes No

If Yes, select Limits: \$100,000/\$200,000 \$250,000/\$500,000

LIQUOR COVERAGE:

Are employees trained on a formal Alcohol Awareness program, i.e. TIP, Tam's etc? Yes No

Are other patrons or guest bartender allowed to serve alcohol? Yes No

If yes, explain. _____

Do you permit or sponsor alcohol consumption games (i.e. beer pong, flip cup etc.)?

Yes No If Yes, Explain: _____

Do you sell whole bottles of Whiskey, Gin etc. to tables? Yes No

Do you sell whole bottles of Wine to tables? Yes No

Do you allow "BYOB" on the premises? Yes No

Do you engage now, or in future, in alcohol promotions?

Reduced drink prices for more than 2 hours.

Any prices reduced to \$1.00 or less

All you can drink specials (other than banquets, some rentals).

Do you ever permit employees who serve liquor to consume alcohol on the job? Yes No

Do you engage in underage promotions? Yes No

If yes, explain how it is controlled. _____

Do you sell packaged goods for off premises consumption? Yes No

If yes, explain: _____

Have you had any liquor Liability claims within the past 3 years? Yes No

PROPERTY / COOKING:

Fire Extinguishers: Number: # _____ Serviced and Tagged in past 12 mos.? Yes No

Describe any cooking done on premises (including cooking equipment utilized): _____

Are fire extinguishers mounted and accessible to all cooking areas? Yes No

Are all areas covered by "smoke detectors"? Yes No

UL approved auto extinguishing systems over all cooking surfaces and deep fryers? Yes No N/A

Service Contract for auto extinguishing systems at least every six (6) months? Yes No N/A

Are there automatic electric or gas shut off (for cooking) with manual switch? Yes No N/A

Are all ducts and hoods equipped with filters? Yes No N/A

Are all filters, hoods and ducts cleaned at least every six (6) months? Yes No N/A

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETED TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant's Signature/Title

Date