



MUSIC Restaurant/Bar/Tavern Supplemental Application

Applicant's Name _____

Agent Name _____

DBA _____

Address _____

Mailing Address _____

Proposed Effective Date:

Web Address _____

From _____ To _____

(12:01 am Standard Time at the address of the Applicant)

States of Operation _____

Applicant is:

Number of Locations _____

Individual

Joint Venture

Years of Experience _____ years

Corporation

LLC

Years doing business under current name _____ years

Partnership

Other

Limits of Liability Requested	
Each Occurrence	\$ _____
Personal & Advertising Injury	\$ _____
Products & Completed Operations Aggregate	\$ _____
General Aggregate	\$ _____
Fire Legal (any one premise)	\$ _____
Medical Expense (any 1 person)	\$ _____
Other Coverages, Restrictions, or Endorsements requested:	
Deductible \$ _____	BI/PD per Claim - LAE _____

Description of Operations _____

Account Revenue Projections and History

Year	Food Revenue	Liquor Revenue	Entertainment/Admission Revenue
Next 12 Months	_____	_____	_____
Prior Year	_____	_____	_____
Prior Year	_____	_____	_____



MUSIC Restaurant/Bar/Tavern Supplemental Application

Prior Year			
------------	--	--	--

Prior Carrier Information

	Year:	Year:	Year:	Year:	Year:
Carrier					
Premium					
Deductible					
Premium Base					

Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

General Information

Number of Stories: _____ Construction: _____ Protection Class: _____ Year Built: _____

Year Updated: Heating _____ Electrical _____ Plumbing _____ Roof _____

Cooking Controls: Ansul System Yes No Service Agreement in place? Yes No

Is the building sprinklered? Yes No Are there smoke alarms? Yes No

What is square footage of the Establishment? _____ What is the max occupancy? _____

The Establishment is: (please select all that apply) Family Style Fine Dining Buffet Style Bar/Tavern Nightclub

Is this a franchise? Yes No Are all employees properly trained to serve liquor (TIPS)? Yes No

What is the average age group of their customers(%): Under 25 _____ 25-35 _____ 35+ _____

Is there a dance floor? Yes No If yes, how big? _____ Square Feet

Does the Establishment provide any entertainment (Band, DJ, Karaoke, etc)? Yes No

If yes, please explain: _____

Are any concerts or shows played at this location? Yes No Are patrons allowed to bring their own liquor (BYOB)? Yes No



MUSIC Restaurant/Bar/Tavern Supplemental Application

Does Applicant employ security? Yes No Is the security armed? Yes No

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature _____

Date _

Agents Signature _____

Date _