

Commercial General Liability

48. General Aggregate \$ _____ Fire Damage (Any one fire) \$ _____
 Products and Completed Operations Aggregate \$ _____ Medical Expense (Any one person) \$ _____
 Each Occurrence \$ _____ Personal and Advertising Injury \$ _____
 GL Deductible (BI/PD) \$ _____

49. GL ISO Territory # _____
 50. Total Receipts \$ _____ Food \$ _____ On Alcohol Receipts \$ _____ Off Alcohol Receipts \$ _____
 Other \$ _____ (from what source?) _____

a. Do you have table seating? Yes No c. Any tableside cooking/preparation? Yes No
 b. Do you have table service? Yes No d. Average price if a dinner entree? \$ _____

51. Normal Hours of Operation: Mon-Thurs _____ Fri _____ Sat _____ Sun _____
 52. Are there any other occupancies in the building? Yes No If Yes, advise to type, number of units, area _____

53. Any Board of Health violations? Yes No If Yes, describe: _____
 54. Are maximum occupancy rules followed? Yes No If No, Decline
 55. Are there two means of egress? Yes No If No, Decline

56. **Entertainment** Yes No
 a. Is there dancing? If Yes, size of dance area? _____ # of nights _____
 b. Is there entertainment? If Yes, describe below/how often? (number of times a week) _____
 DJ Jukebox/Karaoke Disco Rap Stage Floor Show Adult Night Club Solo Vocalist
 Band/# Members _____ Stage Floor Show Comedy Other /Describe _____
 c. Any Nationally known acts? If Yes, Decline
 d. Bouncers/Security/Doorman?
 e. Any firearms on the premises?
 (If yes, to any of the above, Assault and Battery coverage is not available)
 f. Any mechanical rides or devices? If Yes, how many and describe? _____
 g. Any amusement devices? If Yes, what type/how many? _____
 (pool tables, shuffleboard, pinball, video, etc.)
 h. Any athletic activities, sponsored teams or special events Yes No If yes, describe _____

57. Does the applicant have a valid Liquor License? Yes No
 58. Has applicant ever been fined or cited for violations of a law or ordinance relating to the sale of alcohol? Yes No
 If Yes, advise as to date and describe _____
 59. Clientele? (check all that apply) Teen or under 21 nights Located on or near a college campus
 Average age under 25 years Average age 26-35 Average age over 35

Clubs (VFW, Elks, Fraternal, Social)

60. Annual Membership this year _____ Five years ago _____ Ten years ago _____
 61. Does the club own or lease a building? Yes No If Yes, total sq. ft. _____
 62. Annual sales for all the following: Membership Fees _____ Alcohol sales _____ Food Sales _____
 Facility fees _____ Est. Number of days rented per year _____

Attach a separate list of all on and off premise events. Include dates, location, description, attendance and entertainment.

Loss History (5 yr.) <input type="checkbox"/> None	Type (GL, Prop.)	Reserved or Paid	Open/Closed
Date of Incident	and Loss Description	Amount	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fraud Statement: Any person who knowingly and with the intent to defraud any insurance company or other 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.

Applicant's Warranty Statement. I have read this application, and I declare that to the best of my knowledge and belief all of the foregoing statement are true and accurate, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. I agree that this application will be made a part of the policy; should the Company evidence the acceptance of this application by issuance of a policy.

Applicant's Signature _____ Date _____
 Broker's Signature _____ Date _____
 Address _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.
 Name of Authorized Agent or Broker. _____
 Address. _____

Mail Completed Application
 Through Local Agent or Broker to: