



Western Heritage
Insurance Company

6263 North Scottsdale Road, Suite 240 • Scottsdale, Arizona 85250
1-800-873-9442 • Fax (480) 596-7859

Bars/Restaurants/Taverns General Liability Application

Applicant's Name _____
 Mailing Address _____

 Location _____

Agent Name _____
 Address _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
 12:01 A.M., Standard Time at the address of the Applicant.

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	
Other Coverages, Restrictions, and/or Endorsements		Total
	Deductible \$	\$

A. Classification of risk:

Tavern Disco Bowling center Caterer: Off premises On premises
 Restaurant Banquet facility Membership club Country club

B. Annual sales:

	Past 12 Months	Next 12 Months
Liquor Sales		
Food Sales		
Other		
Total		

C. 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? _____

D. 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?..... Yes No

E. 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: _____

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:: _____ Give details: _____

F. 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: _____ 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 persons?..... Yes No

If yes, 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? _____

F. General Information: (cont.)

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: _____

G. During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri)..... Yes No
 If so, explain: _____

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POLICY NO.	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

SCHEDULE OF HAZARDS								
Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem./Ops.	Products	Prem./Ops.	Products

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.

APPLICABLE IN THE STATE OF NEW YORK:

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, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

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 or 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.

I/We agree to submit records for audit by the Company upon termination or expiration of this policy for the determination of actual gross receipts during the coverage period.

APPLICANT'S SIGNATURE _____ Date _____

AGENT NAME _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written requests, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE