Venture Insurance Services
866-726-8442 phone
866-726-8443 fax
PO Box 469 Burbank, CA 91503

Bars/Restaurants/Taverns General Liability Application

Applicant's Name _____

Mailing Address _____

_____

Location _____

_____

Agent Name Venture Insurance Services

Address PO Box 469, Burbank, CA 91503

866-726-8442 / 866-726-8443 fax

PROPOSED EFFECTIVE DATE:

From _____ **To** _____

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

Applicant is: ❑ Individual ❑ Corporation ❑ Partnership ❑ Joint Venture ❑ Other (Specify)

LIMITS OF LIABILITY REQUESTED	
General Aggregate	$
Products & Completed Operations Aggregate	$
Personal & Advertising Injury	$
Each Occurrence	$
Fire Damage (any one fire)	$
Medical Expense (any one person)	$
Other Coverages, Restrictions, and/or En-	
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? _____

_____

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 premiums and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL. #	PREMIUM	LOSSES PAID	LOSSES RE-SERVED	DESCRIP-TION

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/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.

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.

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 _____
(MUST BE OWNER, PARTNER OR OFFICER)

AGENT NAME Venture Insurance Services 866-726-8442 AGENT LICENSE NUMBER: _____

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 request, 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

Submit by Email