

**Apex Insurance Managers, LLC
Restaurants, Taverns, Adult Entertainment
Supplemental Application**

Applicant: _____

Previous Carrier: _____

Business Information

List all owners and partners: _____

Currently Open for Business No Yes

Number of years at this location under current ownership: _____

Total years in Restaurant/Tavern Management: _____ Ownership: _____

Total Receipts: \$ _____ Alcohol Receipts: \$ _____ Admission Receipts: _____

Days of Operation: _____ Hours of Operation: _____

Is property for sale? No Yes Is operation seasonal? No Yes

Has applicant ever been involved in bankruptcy or liquidation? No Yes

If "Yes", please explain _____

Has applicant had any citation or violation from any local or state regulatory authorities? No Yes

If "Yes", please explain _____

Premises Information

Premises Address: _____

Distance to Oceans/bay/gulf: _____

Is parking lot under insured's control? No Yes: Square Footage _____

Is parking for customer's only? Yes No, please explain _____

Is valet parking provided? No Yes If "Yes", by employees or service? employees service

Building Sq. Footage: _____ Occupied Sq. Footage: _____ Customer Sq. Footage: _____

Age of Roof: _____ Date of upgrades: Plumbing _____ Wiring _____ Heating _____

Are renovations taking place? No Yes

If "Yes", please explain _____

Indicate which of the following are occupants of the building (if applicable):

Rooming Boarding Hotel Apartments No Yes, Number _____

Describe heat source: _____

Vacancies in building: No Condition of building: _____ Yes, Number _____

Does applicant serve any raw seafood? No Yes, please explain _____

Have there been any incidents involving Assault & Battery in the last 5 years? No Yes

If "Yes", please explain _____

Entertainment

Is there any entertainment? No Yes, please explain type and how often _____

Is there dancing? No Yes, size of dance floor and number of nights _____

Is there exotic dancing? No Yes, number of dancers per shift _____

Amusement devices? No Yes, type and number _____

Mechanical devices? No Yes, type and number _____

Gaming devices, tables? No Yes, type and number _____

Pool tables? No Yes, type and number _____

Bouncers? No Yes, number _____

Security Guards? No Yes, number _____ Are they armed? No Yes

Are bouncers Off-Duty Policemen? No, describe training _____ Yes

ID Checkers? No Yes

Any weapons on premises? No Yes

Is there a central station burglar alarm system? No Yes

Cooking

If none, check here

Is there an automatic suppression system? No Yes

Does the system protect all hoods and ducts? No Yes Griddles? No Yes

Deep fat fryers? No Yes Open Flame? No Yes Barbecue Pits? No Yes

Does the applicant have a service contract for automatic fire extinguishing system? No Yes

Date last cleaned: _____ Frequency of cleaning: _____

Is there an automatic fuel shut-off device? No Yes

Does the applicant have a contract with an outside commercial cleaning company for hood and duct system?

No Yes Date last serviced: _____ Frequency of cleaning: _____

Any off-premises catering? No Yes, please explain

Receipts _____

Liquor Liability

Previous carrier: _____ Expiration Date: _____

Policy Number: _____ Claims made: _____ Occurrence _____

Ever cancelled or non-renewed? No Yes, please explain _____

Has applicant ever been cited or fined for violation of law or ordinance relating to the sale of alcohol:

No Yes, please explain _____

Average age of clientele _____ Seating capacity _____

Number of bartenders _____ Number of servers _____

Name, address, phone number of bookkeeper _____

Does applicant have any promotional events? No Yes Happy Hour? _____

Ladies Night? _____ Other, explain _____

Have alcohol servers received certified training? No Yes, by when, and by whom?

Apex Insurance Managers, LLC
Restaurants, Taverns, Adult Entertainment
Live Entertainment Supplement

(to be used in conjunction with the Restaurants/Taverns/ Adult Entertainment Supplemental Application)

Named Insured: _____

1. Type of entertainment (check all that apply):
 DJ Karaoke Comedian Topless Go-Go
 Live Music Other (describe) _____

- If music performed live or played by DJ (check all that apply):
 Country / Western Disco / Video Hip Hop Rap
 Piano / Organ Player Rock 'n Roll Other (describe) _____

How often? _____ times per week Number of band members _____

2. Any special effects used? No Yes If yes, lighting sound smoke pyrotechnics
Description of special effects: _____

3. Any nationally known acts? No Yes Are promoters used? No Yes

4. Any special events? No Yes (describe) _____
How often? _____ times per week month

5. Are extra bouncers and/or security guards utilized from time to time? No Yes (frequency) _____

6. Hours of operation: M-W _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

7. Do you stay open later than other establishments in your area? No Yes

8. Percentage clientele age: ___ Under 21 ___ 21-25 ___ 25-29 ___ 30-39 ___ 40-49 ___

9. Seating Capacity: Under 50 51-100 101-250 251-500 Over 500

10. Customer square footage: under 1,000 1,001-5,000 5,001-10,000 over 10,000

11. Dance floor square footage: _____

12. Admission receipts: _____ Alcoholic beverage receipts: _____

Other receipts (explain): _____

Signed: _____

Date: _____