

Gentlemen's Club Supplemental Application

(Complete in addition to ACORD applications for each line of business)

Insured: _____
 Location: _____

Circle &/or fill in the appropriate response to each of the below.

A: All Lines:

Number of years in business at this location: _____
 Number of years experience operating this type of business: _____
 Business Hours: ____ (a.m. /p.m.) to ____ (am/pm) Number of days open per week: _____
 Describe neighborhood (e.g.: rural, commercial, residential) and crime rate: _____

- 1) Has the insured had more than two (2) reported claims in the prior three (3) years or a paid or reserved claim exceeding \$25,000.? Yes No
- 2) Is there an outside sports facility? Yes No
- 3) Does this risk employ armed or hire armed independent security personnel? Yes No
- 4) Is policy period being requested other than annual? Yes No

If any response to questions 1 through 4 above is Yes, the risk must be submitted to the SUBMIT Unit.

- 5) What is the total square footage of this risk? _____ sq. ft.
(If over 7,500 sq. ft., the risk must be submitted to the SUBMIT Unit.)
- 6) Does this risk close at or prior to legal closing time and in no instance beyond 4:00 a.m.? Yes No
- 7) Are adequate means of egress for occupancy level provided? Yes No
- 8) Does this risk have adequate emergency lighting (interior)? Yes No
- 9) Are parking lots and sidewalks in good condition? Yes No

If any response to questions 6 through 9 above is No, the risk must be submitted to the SUBMIT Unit.

10) Breakdown of Revenues (Required):

Figures	Prior Year	Estimated Next 12 Months
Food		
Alcohol		
Clothing/Gift Items		
Cover Charges		
Total Revenues*		

***If Total Revenues exceed \$1,500,000., the risk must be submitted to the SUBMIT Unit.**

B: Property: (You do not need to complete this portion of the application if you are not providing Property quote/coverage.)

- 1) Is any type of cooking done on premises? Yes No (If No, skip to question 5 below.)
 Is cooking microwave only? Yes No (If yes, skip to question 5 below.)
- 2) UL approved auto extinguishing system over ALL cooking surfaces & fryers? Yes No
- 3) Semi-Annual cleaning contract for extinguishing system? Yes No
- 4) Are portable fire extinguishers mounted & accessible to cooking areas? Yes No
 Serviced and Tagged within the past year? Yes No
- 5) Is there a Central Station Alarm System? Yes No (Required for Special &/or Crime Coverages.)

If any response to questions 2 through 4 (property) is No, Property coverage must be submitted to the SUBMIT Unit.

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C: Liquor Liability: (You do not need to complete this portion of the application if you are not providing Liquor Liability quote/coverage, or if Liquor Liability is not available in your state within this program. Skip to Order Inspection below.)

- 1) Liquor Licensee Name: _____
- 2) Are the premises inside corporate limit of City, Town, or Village? Yes No (If no, how far outside (miles)? _____)
- 3) Is any adjacent county dry? Yes No (If yes, name of County and State): _____
- 4) Any claims – last five (5) years arising out of assault with a weapon? Yes No (**If yes, Liquor Liability coverage may not be written.**)

Order Inspection Report to include information on all lines being written for this risk.

Inspection ordered? Yes No Date Ordered: _____

Remarks:

Applicant's Signature: _____

Producer's Signature: _____

Date: _____