



Dallas
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hullandco-texas.com

Bar and Tavern / Restaurants / Private, Social or Fraternal Club

To receive a quote for GL, please complete the General Information as well General Liability Sections.
For Package quote, complete all sections of the application.

*** Our Liquor Liability Warranty Application (LLA) is required for a Liquor Liability quote. ***

General Information

1. If our renewal, provide the expiring policy number: _____
2. Name: _____ D/B/A: _____
3. Sole Proprietorship Partnership Corporation Other _____
4. Mailing Address: _____
5. Location Address: _____
6. Does Applicant have a website? Yes No If Yes, provide: _____
7. Building Interest: Owner Tenant Part occupied _____ %
8. Business of Applicant: Bar/Tavern Restaurant Nightclub Adult Entertainment Club
 Banquet Hall Comedy Club Retail/Take-Out/Package Store Other, Describe _____
9. Mortgage: _____
Address: _____
10. Additional Insured: _____ Interest: _____
Address: _____
11. Loss Payable: _____ Interest: _____
Address: _____
12. Inspection Contact Name and Number: _____
13. Audit Contact Name & Number: _____
14. How long has current owner been in business at this location? _____ Years of Management experience: _____
15. Age of Building: _____ Number of Stories: _____
16. Any prior felony conviction/arson? Yes No If yes, not eligible.
17. Any prior bankruptcy within the past three years? Yes No If yes, not eligible.
18. Is risk situated on a Wharf, Dock, Pilings or on any vessel? Yes No If yes, not eligible.
19. Prior Carrier: Company _____ Expiring Premium \$ _____
20. Within the past 5 years, has applicant's coverage been cancelled or non-renewed? Yes No
If yes, explain: _____
21. Total Sq Ft _____ Applicant Occupied Sq Ft _____ Apt. Sq Ft _____ # Units _____ LRO Sq Ft _____
22. Hours of Operation: Mon - Thur _____ Fri _____ Sat _____ Sun _____
23. Loss History for Property and General Liability for past three years (if in business that long): Check here if none

Date	Type/Description	Paid	Reserved	Open/Closed

General Liability

24. Any firearms on premises? Yes No If yes, not eligible.
25. Are maximum occupancy rules followed? Yes No If no, not eligible.
26. Is a secondary means of egress provided for each floor having public access? Yes No If no, not eligible.
27. Are all stairs, balconies, sidewalks, driveways and parking lots in good condition? Yes No If no, not eligible.
28. Are there smoke detectors in all common areas? Yes No If no, not eligible.
29. Is there a swimming pool on premise? Yes No If yes, not eligible.
30. Is smoking the main attraction? Yes No If yes, not eligible.
31. Does applicant have any of the following exposures: Mechanical rides, Moon bounces, Trampolines, Rock Walls, Mosh pits, Pyrotechnics or Foam machines? Yes No If yes, not eligible.
32. Does applicant have or sponsor any "Teen or under 21 nights"? Yes No If yes, not eligible.
33. Does the electrical system have knob & tube wiring? Yes No If yes, not eligible.
34. If there is any other occupancy in the building, is there an automatic extinguishing system over the cooking equipment? Yes No If no, not eligible.
35. Does applicant permit "BYOB" (Bring your own bottle) or set-ups? Yes No
36. Is risk located on or near a college campus? Yes No
37. Does applicant have Table Seating? Yes No
38. Does applicant have Table Service? Yes No

39. Does applicant have Tableside Cooking/Preparation? Yes No
 If yes, describe: _____
40. Any amusement devices? Yes No If yes, # _____
 What type (pool tables, darts, pinball, video, etc)? _____
41. Clientele? (Check all that apply) Under 21 Average age 21-25 Average age 26-35 Average age over 35
42. **Entertainment/Dancing**
- a. Is there entertainment? Yes No If yes, how many times per week? _____
 What type? (Check all that apply) DJ Jukebox/Karaoke Disco Rap Outdoor Concert
 Stage Floor Show Adult Entertainment Solo Vocalist Piano/Guitar Player Comedy Acts
 Band/# members _____ Other/Describe: _____
- b. Is there dancing? Yes No
- c. If yes, size of dance floor: _____ How many times per week? _____
- d. If Country/Western Line Dancing, is sawdust applied to dance floor? Yes No
- e. Bouncers/Security/Doorman Yes No
- f. Does applicant have any Nationally Known Acts? Yes No If yes, Describe _____
- g. Any athletic activities, sponsored teams or special events? Yes No If yes, Describe _____
43. **If applicant is the building owner and there are other occupancies (Dwellings, apartments, office, etc):**
- a. Is commercial cooking area, hood and duct system protected per NFPA 96 (Fire Extinguishing system)? Yes No If No, not eligible.
- b. Are all locks re-keyed prior to leasing to new tenants? Yes No If No, not eligible.
- c. Is there a fire escape if over three stories? Yes No If No, not eligible.
- d. Are there smoke detectors in each unit? Yes No If No, not eligible.
- e. Is the electrical system connected to circuit breakers? Yes No
- f. Does the electrical system have aluminum wiring? Yes No
44. **Does applicant provide any Off-Premises Catering services?** Yes No If Yes, answer a through d
- a. Are Applicant's operations limited to this state? Yes No If No, List States _____
- b. Number of jobs handled annually: _____
- c. Maximum number of attendees at jobs: _____
- d. Types of jobs handled: Weddings Corporate Functions Private Parties Other, describe _____
45. **Total Annual Receipts (Bar/Tavern over \$3 Million and Restaurants over \$5 Million, not eligible):**
- | | Prior 12 Months | Next 12 Months |
|-----------------------------------|-----------------|----------------|
| Food | _____ | _____ |
| Alcohol - On Premises Consumption | _____ | _____ |
| Alcohol -Take out/Retail | _____ | _____ |
| Cover/Door Charges | _____ | _____ |
| Off Premises Catering | _____ | _____ |
| Other (What source?) _____ | _____ | _____ |
| Total: | _____ | _____ |
46. **Clubs (VFW, Elks, Social, Fraternal):**
- a. Annual Membership this year _____ Three years ago _____
- b. Annual fees for the following: Facility fees _____ Membership fees _____
- c. Estimated number of days hall rented per year: _____
- Attach a separate list of all on and off premise events. Include dates, location, description, attendance and entertainment.*
47. **Nonowned - hired auto eligibility questions (If yes to any below, this coverage is not eligible):**
- a. Is there a delivery or ride home service now or will one be implemented at any time in the future? Yes No
- b. Does applicant own or lease on a long term basis any automobile? Yes No
- c. Does applicant require its employees to use their personal automobile to conduct the applicant's business on a regular basis? Yes No
- d. Number of employees: _____
48. **Limits**
- | | | | |
|---|----------|----------------------------------|----------|
| General Aggregate | \$ _____ | Fire Damage (Any one fire) | \$ _____ |
| Products and Completed Operations Aggregate | \$ _____ | Medical Expense (Any one person) | \$ _____ |
| Each Occurrence | \$ _____ | Personal and Advertising Injury | \$ _____ |

- 49. Is the property seasonal? Yes No If yes, months closed _____
- 50. Electrical system checked by qualified electrician? Yes No If yes, when? _____
- 51. Heating system checked by qualified contractor? Yes No If yes, when? _____
- 52. Is the electrical system connected to circuit breakers? Yes No If No, property not eligible.
- 53. Does the electrical system have aluminum wiring? Yes No If Yes, property not eligible.
- 54. Is the plumbing completely PVC or Copper (No Iron or Lead)? Yes No If No, property not eligible.
- 55. Type of roof? Flat Pitched
- 56. Roof Updated, yr. _____ Electrical Updated, yr. _____ Plumbing Updated, yr. _____ Heating Updated, yr. _____
- 57. Is there evidence of water damage, broken windows, or breaks in pavements or floor? Yes No If yes, property not eligible.
- 58. Vacancies in building? Yes No If Yes, _____ %
- 59. Burglar Alarm: Local Central Station
- 60. Fire Protection: Sprinklers Local Fire Alarm Central Station Fire Alarm Annually Service Fire Extinguisher(s)
- 61. **Cooking Supplement - If none, check here**
 - a. Describe Cooking equipment used: Grills Open Flame Oven
 Barbeque Pit/Smoker Charcoal grill Smoker Other _____
 Deep Fat Fryers Is vegetable oil used in cooking? Yes No
 - b. Is the cooking area, hood and duct system protected per NFPA 96 (Fire, Extinguishing system)? Yes No If No, property not eligible.
 - c. Is there a cleaning contract in force with an outside firm? Yes No If No, property not eligible.
Frequency of cleaning: _____ Date last serviced: _____
 - d. Type of Extinguishing system: Wet Dry
- 62. **Limits/Rating Information**
(TIV Protection Class 1-8 over \$500,000 and Protection Class 9-10 over \$200,000, property not eligible):
 - a. Deductible: \$1,000 \$2,500 \$5,000
 - b. Protection Class: 1-6 7-8 9-10
 - c. Construction: _____ Actual Cash Value Replacement Cost
 - d. Building Limit: \$ _____ Coinsurance _____ % (80% minimum or property not eligible)
 - e. Contents Limit: \$ _____ Coinsurance _____ % (80% minimum or property not eligible)
 - f. Business Income Limit: \$ _____ Coinsurance _____ % or monthly Limitation (No coins) 1/3 1/4 1/6
 - g. Cause of Loss: Basic Special/excluding theft Special (requires a central station burglar alarm)
- 63. **Optional Coverages**
 - a. Money & Securities (Special only) \$ _____ Inside \$ _____ Outside (\$500 Standard Deductible)
 - b. Burglary & Robbery (Basic only) \$ _____ Inside \$ _____ Outside (\$500 Standard Deductible)
 - c. Outdoor Signs \$ _____
 - d. Exterior Glass Linear Ft. _____
 - e. Equipment Breakdown Yes No (Coverage requires a maintenance contract for all refrigeration units)

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: