



**APPLICANT'S INSTRUCTIONS:**

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

**RESTAURANT/NIGHTCLUB SUPPLEMENTAL APPLICATION**

Applicant's Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Proposed effective date: \_\_\_\_\_

Type of ownership:  Corporation  Individual  Partnership  Other

Area of risk:  Metro City  Suburb  Rural

**GENERAL INFORMATION**

Type of risk:  Restaurant  Bar  Nightclub  "Gentlemen's" Club  
 Banquet Hall  Other

If other, please give a description of operations: \_\_\_\_\_

Total Revenue: \$ \_\_\_\_\_

Food Receipts: \$ \_\_\_\_\_

Liquor Receipts: \$ \_\_\_\_\_

Other Receipts: \$ \_\_\_\_\_

Cover Charge:  Yes  No If yes, revenue: \$ \_\_\_\_\_

Doormen/Bouncers?:  Yes  No If yes, how many are on duty per shift?: \_\_\_\_\_

Happy Hour?:  Yes  No

Other liquor discounts/promotions?:  Yes  No If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Percent of clientele: Under age 25: \_\_\_\_\_% Ages 25-30: \_\_\_\_\_% Over age 30: \_\_\_\_\_%

Hours of operation: \_\_\_\_\_ to \_\_\_\_\_ How many days per week?: \_\_\_\_\_

Table seating capacity: \_\_\_\_\_ Total Capacity: \_\_\_\_\_

**ENTERTAINMENT**

Do you provide entertainment as part of your operations?:  Yes  No

DJ?:  Yes  No

Juke Box?:  Yes  No

Live Entertainment?:  Yes  No

Type and how often: \_\_\_\_\_

Any nationally known acts?:  Yes  No

Type of music played (by DJ or live bands):

Rap/R&B       Country/Western/Bluegrass       Classic Rock       Heavy Metal

Top 40s/pop       Other (if so, please explain): \_\_\_\_\_

Dance floor?:  Yes  No

Size: \_\_\_\_\_ Sq.Ft.

Electronic games? :  Yes  No

Type:

Mechanical bulls or other mechanical devices?:  Yes  No

If so, what type:

Pool tables?:  Yes  No

Number: \_\_\_\_\_

Foam parties?:  Yes  No

Pyrotechnics?:  Yes  No

What is your policy regarding moshing?: \_\_\_\_\_

**CONSTRUCTION**

Year Built: \_\_\_\_\_

Years owned by Insured: \_\_\_\_\_

Years of experience in the management of restaurants/bars/nightclubs: \_\_\_\_\_

Building construction: \_\_\_\_\_

Updates:      Roof \_\_\_\_\_      Electrical \_\_\_\_\_      Plumbing \_\_\_\_\_

Square foot area of establishment: \_\_\_\_\_      Maximum occupancy: \_\_\_\_\_

**LIFE SAFETY**

Smoke alarms?:  Yes  No

If so,  hardwired **OR**  battery?

Central Station alarm?:  Yes  No

If yes, is it connected to  a local fire department **OR**  an outside monitoring service?

Emergency lighting in all common areas (including stairwells)?:  Yes  No

Are all cooking surfaces protected by an automatic fire suppression system?:  Yes  No

**SECURITY**

Is security present at your location?:  Yes  No

If yes, are security personnel:

Employed?:  Yes  No

Off-duty police officers?:  Yes  No

Subcontracted?:  Yes  No  
 If security is subcontracted, are the subcontractors required to provide COIs with limits of at least \$1,000,000 and name you as an Additional Insured?  Yes  No  
 Armed security?  Yes  No  
 Days of week you have security on duty at your location: \_\_\_\_\_ Hours on duty: \_\_\_\_\_  
 Video security?:  Yes  No  
 Are background investigations conducted on all employees who perform security duties?:  Yes  No  
 What is the average hourly wage of your security staff?: \$\_\_\_\_\_ per hour  
 What hiring criteria do you use for security staff?: \_\_\_\_\_

---

**CONTRACTUAL LIABILITY**

Do you enter into any contracts or agreements whereby you assume the liability of others?  Yes  No

If yes, please explain the nature of such contracts and agreements below:

---



---

**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**In 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.**

**In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.**

**WARRANTY:** I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Signature:

---

Applicant's Name (print):

---

Date (MM/DD/YY):

---