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First Named Insured:

GENERAL INFORMATION

1. Type of business: ***To be classified as a restaurant, the liquor sales must be less than 35% of total receipts (for General Liability).**

- | | | |
|---|--|--|
| <input type="checkbox"/> *Restaurant | <input type="checkbox"/> Banquet Facility | <input type="checkbox"/> Bar/Lounge |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Pool Hall/Billiard Parlor | <input type="checkbox"/> Bottle Club |
| <input type="checkbox"/> Private Club | <input type="checkbox"/> Comedy Club | <input type="checkbox"/> Adult Entertainment |
| <input type="checkbox"/> Host/Hostess Bar | <input type="checkbox"/> Dance Club | <input type="checkbox"/> Night Club |
| <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Fraternal Club | <input type="checkbox"/> Casino |
| <input type="checkbox"/> Other: | | |

2. Hours of Operation:	Monday – Thursday	Friday	Saturday	Sunday
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3. Are you licensed to serve alcoholic beverages? Yes No

Provide the following sales breakdown:

Food sales \$	Beer, wine, liquor sales \$	Total sales \$
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a. Percent of total sales of alcohol: _____%

b. Do you have a liquor liability insurance policy? Yes No

4. Management's years of experience:

5. Clientele age: 18-25 _____% 25-35 _____%
 Over 35 years _____% Over 50 years _____%

6. Clientele origins: Local Residents College – distance from campus _____
 Families Transient

7. Is your building located or built on a wharf, pier, beach, dock, or on pilings? Yes No

8. Number of occupants licensed for:

9. Do you cater? Yes No Sales: \$

10. Do you provide delivery service for food or liquor? Yes No

LIQUOR LIABILITY

1. Limits Requested: 300/300 500/500 1M/1M 1M/2M

2. Deductible Requested: \$250 \$500 \$1,000 \$2,500

3. Have there been any liquor losses in the past three years? Yes No

If yes, explain.

4. Have there been any liquor violations in the past three years? Yes No

If yes, explain.

5. Assault or Battery Limits requested (must be purchased on Liquor Liability rather than General Liability):

25/50 50/100 100/200

6. Do you offer any drink specials (happy hour, open bar, 2 for 1, etc.)? Yes No

If yes, describe.

7. Are employees allowed to consume alcohol during their hours of employment? Yes No

8. Are there written and enforced policies for intoxicated customers? Yes No

9. Are all alcohol-serving employees certified in a **Formal Alcohol Training Course**? Yes No

If yes, provide name of course (e.g. TIPS, TAM, RAMP, BEST, etc.):

ENTERTAINMENT

1. Do you feature any entertainment? Yes No
- a. How often? 0-12 times per year 13-51 times per year 1-3 times per week 4+ times per week
- b. Entertainment type: Band Velcro Walls, Stage Diving Karaoke
 DJ Body Surfing Pyrotechnic Displays
 Juke Box Mosh Pits Solo Vocalist
 Stage/Floor Show or Contest – describe:
- c. If musical entertainment, type of music: Top 40s Country Classic Rock
 Jazz Soft Rock R&B
 Alternative Rap
 Other – describe:

2. Is there a dance floor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	Size of Dance Floor sq. ft.	Size of Establishment sq. ft.
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3. Any games or sports? Yes No If yes, describe, including the number of each game (i.e. darts, shuffle board, basketball hoops, pinball, pool, volleyball, wrestling, etc.):

4. Describe any of the following:

a. Special events on or off premises.

b. Teams/activities/events that you sponsor.

c. Mechanical amusement devices or other patron participating activities on the premises.

d. Playrooms or playgrounds on premises.

5. Is your property vacant, undergoing renovations, deteriorating or involved in foreclosure? Yes No
 If yes, explain.

SECURITY

1. Is the insured/manager on duty during all open hours? Yes No
 If no, explain.

2. Do you employ "bouncers" or other security personnel? Yes No

3. Are firearms allowed (including those owned by the insured) on the premises? Yes No

PROPERTY COVERAGE INFORMATION

1. Distance from nearest:	Responding Fire Station	Fire Hydrant feet
2. Fire Extinguishers:	How many?	Serviced & Tagged within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Smoke Detectors: <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Last renovation date for:	Heating system	Electrical system
		Roof (Age/Condition)

COOKING HAZARDS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is any type of cooking, other than microwave cooking, done on premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. UL approved auto extinguishing system over ALL cooking surfaces and deep fryers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Semi-annual service contract for auto extinguishing system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Automatic gas or electric shut-off for cooking with manual pull? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are hoods and ducts equipped with filters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are filters cleaned at a MINIMUM of every six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are hoods and ducts cleaned at a MINIMUM of every six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are portable fire extinguishers mounted and accessible to cooking areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there tableside cooking or open pit barbecues? | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL LIABILITY INFORMATION

1. Area of:	Premises sq. ft.	Parking Lot sq. ft.	
2. Number of Employees:	Managers	Bartenders	Wait Staff
3. Floor covering of areas open to public:	<input type="checkbox"/> Wood <input type="checkbox"/> Linoleum <input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Other:		
4. Surface of parking lot:	<input type="checkbox"/> Gravel <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> No parking <input type="checkbox"/> Other:		
5. Number of exits: _____	Yes	No	
a. Are all exits marked with exit signs?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are all exits equipped with panic door hardware?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, are all exits kept unlocked during business hours?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is there emergency lighting?	<input type="checkbox"/>	<input type="checkbox"/>	

FRAUD STATEMENTS

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Refer to the Core Application for all Fraud Statements.

SIGNATURES

Applicant's Signature	Title	Date
Producer's Signature		Date