

# CATLIN SPECIALTY INSURANCE COMPANY

# CATLIN

## BAR, TAVERN, RESTAURANT APPLICATION

(Complete in addition to ACORD Application)

First Named Insured: \_\_\_\_\_ Date: \_\_\_\_\_

1. Type of business:  Restaurant  Night Club  Banquet Facility  
 Bar/Lounge  Cafeteria  Other: \_\_\_\_\_
2. Seating Capacity: \_\_\_\_\_ Total occupancy \_\_\_\_\_ Dining Area \_\_\_\_\_ Bar/Lounge Area \_\_\_\_\_
3. Do you have dancing?  Yes  No  
If 'Yes':
  - a. What is the dance floor area?  Permanent  Temporary
  - b. What type of music is played? \_\_\_\_\_
4. Are floor shows or other live entertainment provided?  Yes  No  
If 'Yes', please describe: \_\_\_\_\_
  - a. Do they allow fireworks or pyrotechnics inside the building?  Yes  No
5. Do you serve alcoholic beverages?  Yes  No  
If 'Yes':
  - a. Percent of total sales for alcohol: \_\_\_\_\_
  - b. Do you have a happy hour?  Yes  No
  - c. Are there written and enforced policies for intoxicated customers?  Yes  No
6. Do you employ or use security guards or bouncers?  Yes  No  
If 'Yes':
  - a. Are they:  Employees  Contracted Labor  
If contracted labor, do you require them to carry:  General Liability Coverage  
 Workers' Compensation Coverage
  - b. Do they carry weapons?  Yes  No
  - c. Have they been trained on alternative uses of force, regulations and laws?  Yes  No
  - d. Do you require certificates of insurance?  Yes  No
  - e. Limits of liability required:  Yes  No
7. Type of clientele:  Blue Collar  Rural/Country  Middle-age  Singles  
 White Collar  College Students  Families  \_\_\_\_\_
8. Average Age of clientele:  18 - 25  26 - 35  Over 35
9. Have you ever had the following:
  - a. Liquor liability claims?  Yes  No
  - b. Liquor violations?  Yes  No
  - c. Suspended or revoked liquor license?  Yes  No
  - d. Assault or battery incidents?  Yes  No
10. Do you have mechanical or amusement rides?  Yes  No  
If 'Yes', please describe: \_\_\_\_\_

11. Do you have any recreational facilities?  Yes  No

If 'Yes', please describe: \_\_\_\_\_

12. Type of cooking devices:  Gas  Electric

13. Do you have a deep fat fryer?  Yes  No

a. Does it have automatic fuel shut-off?  Yes  No

14. Is there a hood and duct system?  Yes  No

a. Does it have filters?  Yes  No

15. How often are the hoods and duct systems cleaned?  Every 3 Months  Every 6 Months  Other: \_\_\_\_\_

16. How often are the filters cleaned?  Weekly  Monthly

17. Is there an automatic extinguishing system?  Yes  No

a. Does the system cover all cooking surfaces including deep fat fryers?  Yes  No

18. Does the insured have a maintenance contract?  Yes  No

19. Is housekeeping clean and orderly?  Yes  No

20. Are all trash receptacles checked at closing and emptied into covered metal containers?  Yes  No

21. Please indicate the number of fire extinguishers located in:

a. Cooking Area (BC Type) \_\_\_\_\_ Dining Area (ABC Type) \_\_\_\_\_

b. Date last serviced and recharged:

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date