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