

Everest National Insurance Company

Restaurant and Tavern Application

Corporate Name of Applicant _____ Trading Name _____
 Address of Applicant _____ City _____
 County _____ State _____ Zip Code _____
 Mailing Address (If Different) _____
 Owners Name (Principal) _____ SS # _____ D/O/B _____
 Home Address _____
 Home Phone # _____ Business Phone # _____
 If more than one owner, list all on back page.
 Requested Date _____ Current Company _____ Current Premium \$ _____
 Current Broker _____

Business Information
 Applicant is a: Corporation _____ Partnership _____ Individual _____ Other _____
 Applicant is a: Restaurant _____ Diner _____ Tavern _____ Night Club _____ Banquet Hall _____
 Other (Please Specify) _____
 Applicant is located in: City _____ Small town _____ Rural area _____ Other _____
 # Years at this Location _____ # of years in Restaurant/Tavern Business _____
 Liquor License # _____ Total occupancy/capacity _____
 If less than 3 years at this Location, list previous experience _____

Operations Section
 Is Applicant Open Now Yes _____ No _____ If "No", Explain _____
 Hours of Operation From _____ To _____ # of Days per Week _____
 Is Applicant a Seasonal Operation Yes _____ No _____ If "Yes", Explain _____
 Distance to Ocean or Nearest Body of Water _____ Is Risk Eligible for Windstorm Pool? _____

Financial Information
 Is Owner or Corporation now or ever Involved in: Bankruptcies _____ Foreclosures _____
 Tax Liens _____ Business Failures _____ Any Litigations _____
 If Yes, Please Explain _____

Physical Plant Section
 Age of Building _____ Construction _____ # of Stories _____
 Age of: Wiring _____ Plumbing _____ Heating _____ Roofing _____

Physical Plant Section (cont'd)

Smoke Detectors Yes _____ No _____ If "Yes", Electric _____ Battery Power _____
Fire Alarm Yes _____ No _____ If "Yes", Type _____
Burgler Alarm Yes _____ No _____ If "Yes", Type _____
Sprinkler System Yes _____ No _____ If "Yes", Age _____ Type _____
Kitchen Fire Protection:

	Yes	No
U.L. Approved Automatic Extinguishing System under Semiannual Contract	_____	_____
Above System Covering All Cooking Surfaces	_____	_____
Name of System _____		
Automatic Gas or Electric Shut Offs for Cooking	_____	_____
Hood and Filters Cleaned Weekly by Staff	_____	_____
BC Extinguisher Available in Kitchen	_____	_____
Hoods and Ducts Over All Cooking Equipment	_____	_____
Hoods and Ducts Maintenance Contract Schedule # Month _____		

Entertainment Section

Entertainment Yes _____ No _____ If "Yes", ENTIRE Section MUST be Completed
Nights of Week Fri _____ Sat _____ Other _____ Age of Clientel _____
Type of Entertainment Rock Group _____ DJ _____ Band (Any Kind) _____ Go-Go _____
Other (Please Describe) _____
Does a Dance Floor Exist Yes _____ No _____ Is Dancing Permitted Yes _____ No _____
Bouncers or Doormen Yes _____ No _____ If "Yes", Explain Why _____
Amusement Devices (Pool Tables, Video Games, etc.) Yes _____ No _____ If "Yes", # _____
Description _____

Liquor Legal Liability Section

Does Applicant Serve Alcohol Yes _____ No _____ If "Yes", Entire Section MUST be Completed
Does Applicant Have Liquor License Yes _____ No _____ If "Yes", Type and # _____
Does Applicant Sell Package Goods Yes _____ No _____ If "Yes", % of Liquor Receipts _____ %
of Bartenders _____ # of Waiters/Waitresses _____ Avg. Length of Employment _____
Are Employees Given Liquor Training Yes _____ No _____ If "Yes", Explain Type and When Trained _____
Does Applicant Have Written Policy on Serving Alcohol for Employees & Customers Yes _____ No _____
Is Management Notified Prior to Shutting Off Patrons Yes _____ No _____
Is Documentation Kept on Each Incident Yes _____ No _____
of Bars on Premises _____ Is There a Steady Bar Clientel Yes _____ No _____
Is There a Happy Hour Yes _____ No _____ Reduced Price Drinks Yes _____ No _____
Is a Last Call Given Yes _____ No _____ If "Yes", What Time _____
Have There Been Any Liquor Board Violations Yes _____ No _____ If "Yes", List ALL Violations _____

Property Section

Building Limit _____ Co-Ins % _____ ACV _____ R/C _____ Deductible _____
Contents Limit _____ Co-Ins % _____ ACV _____ R/C _____ Deductible _____
Business Income Limit _____ Contribution or Co-Ins % _____ Deductible _____
Cause of Loss: Basic _____ Special _____ Special with Theft on Contents Only _____
Business Income with Extra Expense Yes _____ No _____ If not answered, will be Rated without
Loss of Rents Limit _____ Co-Ins % _____ Cause of Loss _____ Deductible _____
Sign Limit _____ Type _____ Wording _____ Deductible _____
Glass Coverage Needed Yes _____ No _____ If "Yes", please schedule _____

Crime Coverage _____ Deductible _____
Employee Dishonesty Limit _____ Deductible _____
Other Property Coverages _____

Liability Section

General Liability Limit _____ Aggregate _____
Liquor Liability Limit _____ Aggregate _____
Receipts: Food _____ Liquor _____ Other _____ Total _____
Square Footage: Total Building _____ Restaurant _____ Apts _____ # Apts _____
Off Premise Parking Yes _____ No _____ If "Yes", list address and square footage _____

On or Off Premise Catering / Banquet Yes _____ No _____ If "Yes", % of total Receipts _____ %
Describe Catering Operation _____
Lodging Operations Other than Apartments Yes _____ No _____
If "Yes", Describe: _____
Any Other On or Off Premise Exposures NOT Listed Above Yes _____ No _____
If "Yes", Describe: _____

Non-Owned Automobile

Is Non-Owned Automobile Requested? Yes _____ No _____ **If Yes, Complete Entire Section**
Number of Employees _____ Does Applicant have a Business Auto Policy? Yes _____ No _____
List the Business Purposes the Non-Owned Automobile will be Utilized for: _____

Additional Interests

Mortgagee and Address 1st _____
_____ Check if None 2nd _____
Additional Insureds 1st _____
_____ Check if None 2nd _____
3rd _____
Loss Payees 1st _____
_____ Check if None 2nd _____

Claims Section

List ALL Claims for Each Section for the Past 5 Years

Property Claims _____

General Liability Claims _____

Liquor Liability Claims _____

Umbrella Claims _____

Additional Owners/Shareholders

Name _____ Soc. Sec. # _____ Date of Birth _____

Name _____ Soc. Sec. # _____ Date of Birth _____

Name _____ Soc. Sec. # _____ Date of Birth _____

Name _____ Soc. Sec. # _____ Date of Birth _____

Name _____ Soc. Sec. # _____ Date of Birth _____

The signing of this application does not bind the Applicant nor any company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the acceptance of a contract. It is therefore the warranty of the undersigned that the information contained herein is true and correct, and it is hereby understood that the policy will be warranted based on this information. It is further understood that 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 subjects the person to criminal and civil penalties. I hereby authorize RCA to run any credit reference checks in accordance with the Fair Credit Reporting Act (91-508), should they deem necessary.

Insured's Signature _____ Date _____

Insured's Signature _____ Date _____

Insured's Signature _____ Date _____

(Must Be Signed by All Owners to Bind)

Are you the controlling agent on this account? Yes No

Agent _____ Producer _____

Address _____ Phone # (____) _____

_____ FAX # (____) _____

Agent Signature _____ E-mail address _____

Comments/Notes

