



AmTrust North America
An AmTrust Financial Company

Restaurant Application

Corporate Name of Applicant: _____
 Address of Applicant: _____ City: _____
 County: _____ State: _____ Zip Code: _____
 Web Address: _____
 Mailing Address (If Different): _____

Current Insurance Carrier: _____ Renewal Date: _____ Expiring Premium: _____

Owners/Shareholders Information:

Owners Name: _____ SS#: _____ DOB: _____
 Home Address: _____
 Home Phone #: _____ Business Phone #: _____
 List Additional Shareholders and Owners on the last page.

Business Information:

Applicant is a: Corporation _____ Partnership _____ Individual _____ Other _____
 Applicant is a: Restaurant _____ Tavern _____ Sports Bar _____
 Other _____
 Applicant is located in: City _____ Small Town _____ Rural Town _____ Other _____
 # Years at this Location: _____ # Years in Restaurant/Tavern Business _____
 FEIN # _____ Liquor License # _____ Legal Bldg Occupancy _____
 Restaurant/Tavern Management Experience Prior to this Location _____

Operations/Entertainment Section:

Hours of Operation From _____ to _____ # of Days per Week _____
 Is Applicant a Seasonal Operation? Yes _____ No _____ If Yes Explain _____
 Explain any Interruptions in Operations in the past 12 months _____

Nightly Staff # Bartenders _____ # Wait Staff _____ # Kitchen _____ # Door Staff _____
 # of Bar Seats _____

Entertainment:

Nights w/Ent. Fri. _____ Sat. _____ Sun. _____ Mon. _____ Tues. _____ Wed. _____ Thu. _____
 Type of Entertainment: Rock Group _____ DJ _____ Band (any kind) _____ Go-Go _____ Karaoke _____
 Other _____
 Dance Floor or Stage: Yes _____ No _____ Is Dancing Permitted Yes _____ No _____
 Amusement Devices (Pool Tables, Video, etc.) Yes _____ No _____ If Yes # & Description _____
 Leagues Yes _____ No _____ # of Nights & Description _____

Physical Plant Section:

Age of Building _____ Construction Type _____ Protection Class _____ # of Stories _____
Age of: Wiring _____ Plumbing _____ Heating _____ Roofing _____
Smoke Detectors: Yes _____ No _____ If Yes Type: Electric _____ Battery _____
Fire Alarm: Yes _____ No _____ If Yes Type: Central Station _____ Local _____
Security System: Yes _____ No _____ If Yes Type: Central Station _____ Local _____
Sprinkler System: Yes _____ No _____ If Yes Age _____ Type: Wet _____ Dry _____

Kitchen Fire Protection: Yes _____ No _____

U.L. Approved Automatic Extinguishing System under Semi-annual Contract Yes _____ No _____
Above System Covering All Cooking Surfaces Yes _____ No _____
System Name _____ Wet or Dry System _____
Automatic Gas or Electric Shut Offs for Cooking Yes _____ No _____
Hood and filters Cleaned Weekly by Staff Yes _____ No _____
BC Extinguisher Available in Kitchen Yes _____ No _____
Hoods and Ducts over All Cooking Equipment Yes _____ No _____
Hoods and Ducts Maintenance Contract Schedule # Months _____

Distance to Ocean or Nearest Body of Water _____ Is Risk Eligible for Windstorm Pool? _____

Property Section:

Does Applicant Own Building: Yes _____ No _____
Is Applicant Required by Lease to Insure Building: Yes _____ No _____
Building Limit _____ Co-Ins % _____ ACV _____ R/C _____ Deductible _____
Contents Limit _____ Co-Ins % _____ ACV _____ R/C _____ Deductible _____
Business Income Limit _____ Contribution or Co-Ins % _____ Waiting Period _____
Loss of Rents Limit _____ Co-Ins % _____ Deductible _____
Cause of Loss: Basic _____ Special _____
Employee Dishonesty Limit _____ Deductible _____
Other Property Coverage Requested _____

Financial Information:

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

Liquor Legal Liability Section:

Does Applicant Serve Alcohol: Yes _____ No _____
Does Applicant Have liquor License Yes _____ No _____ If Yes, Type and # _____
Does Applicant Sell Package Goods Yes _____ No _____ If Yes, % of Liquor Receipts _____ %
Are Employees Given Liquor Training Yes _____ No _____ If Yes, Describe _____

Liquor Section (con)

Does Applicant have a 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 Clientele Yes _____ No _____
Is there a Happy Hour Yes _____ No _____ Reduced Price Drinks Yes _____ No _____
Is Last Call Given Yes _____ No _____ If Yes, What Time _____
Have There been any Liquor Board Violations Yes _____ No _____ If Yes, List All Violations _____

Liability Section:

General Liability Limit _____ Aggregate _____
Liquor Liability Limit _____ Aggregate _____
Receipts: Food _____ Liquor _____ Other _____ Total _____
Square footage: Building _____ Restaurant _____ Table Seating Capacity _____
Off Premises Parking Yes _____ No _____ If Yes, list address and Square footage _____

Describe Any Other On or Off Premise Exposure NOT Listed Above _____

Does Applicant have a Business Auto Policy Yes _____ No _____
Any delivery Yes _____ No _____

Security:

Are any Bouncers, Door Person or security Used, If Yes, Type and Purpose: _____

Are any Non-Employee Security Services Hired or Contracted, If Yes Describe Type and Purpose: _____

In the last 12 months Have Any Emergency Services Been Called: ie. Police, Ambulance, Fire Yes _____
No _____ If Yes, Explain _____

Additional Interests:

Mortgages 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 the Past Five years, If None, Answer None.

Property

Year	Carrier	Valuation	Incurred	# Claims	Exposure	Premium

General Liability

Year	Carrier	Valuation	Incurred	# Claims	Exposure	Premium

Liquor Liability

Year	Carrier	Valuation	Incurred	# Claims	Exposure	Premium

Additional Owners And Shareholders:

Must be completed and signed by all owners and shareholders to Bind Coverage.

Name _____ Soc. Sec. # _____ Date of Birth _____
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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 and fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. I hereby authorize AmTrust to run any credit reference checks in accordance with the Fair Credit Reporting Act (91-508), should they deem necessary.

Insured/Applicant's Signature _____ Date _____
Insured/Applicant's Signature _____ Date _____
Insured/Applicant's Signature _____ Date _____

Controlling Agent Yes _____ No _____

Agent _____
Address _____

Producer _____
Phone _____
E-Mail _____

Agents Signature _____