

Commercial General Liability

47. General Aggregate \$ _____ Fire Damage (Any one fire) \$ _____
 Products and Completed Operations Aggregate \$ _____ Medical Expense (Any one person) \$ _____
 Each Occurrence \$ _____ Personal and Advertising Injury \$ _____
 GL Deductible (BI/PD) \$ _____
48. GL ISO Territory # _____
49. Total Receipts \$ _____ Food \$ _____ On Alcohol Receipts \$ _____ Off Alcohol Receipts \$ _____
 Other \$ _____ (from what source?) _____
- a. Do you have table seating? Yes No c. Any tableside cooking/preparation? Yes No
 b. Do you have table service? Yes No d. Average price if a dinner entree? \$ _____
50. Normal Hours of Operation: Mon-Thurs _____ Fri _____ Sat _____ Sun _____
51. Are there any other occupancies in the building? Yes No If Yes, advise to type, number of units, area _____

52. Any Board of Health violations? Yes No If Yes, describe: _____
 53. Are maximum occupancy rules followed? Yes No If No, Decline
 54. Are there two means of egress? Yes No If No, Decline

Clubs (VFW, Elks, Fraternal, Social)

55. Annual Membership this year _____ Five years ago _____ Ten years ago _____
 56. Does the club own or lease a building? Yes No If Yes, total sq. ft. _____
 57. Annual sales for all the following: Membership Fees _____ Alcohol sales _____ Food Sales _____
 Facility fees _____ Est. Number of days rented per year _____

Attach a separate list of all on and off premise events. Include dates, location, description, attendance and entertainment.

Loss History (5 yr.) None

Date of Incident	Type (GL, Prop.) and Loss Description	Reserved or Paid Amount	Open/Closed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If Liquor Liability is requested STOP here, sign this application and fully complete our Liquor Liability Application, starting at question #8. If Liquor Liability is NOT requested fully complete the last section of this application.

58. **Entertainment** Yes No
- a. Is there dancing? Yes No If Yes, size of dance area? _____ # of nights _____
 b. Is there entertainment? Yes No If Yes, describe below/how often? (number of times a week) _____
 DJ Jukebox/Karaoke Disco Rap Stage Floor Show Adult Night Club Solo Vocalist
 Band/# Members _____ Stage Floor Show Comedy Other /Describe _____
 c. Any Nationally known acts? Yes No If Yes, Decline
 d. Bouncers/Security/Doorman? Yes No
 e. Any firearms on the premises? Yes No
(If yes, to any of the above, Assault and Battery coverage is not available)
 f. Any mechanical rides or devices? Yes No If Yes, how many and describe? _____
 g. Any amusement devices? Yes No If Yes, what type/how many? _____
 (pool tables, darts, shuffleboard, pinball, video, etc.)
 h. Any athletic activities, sponsored teams or special events Yes No If yes, describe _____
59. Does the applicant have a valid Liquor License? Yes No
60. Has applicant ever been fined or cited for violations of a law or ordinance relating to the sale of alcohol? Yes No
 If Yes, advise as to date and describe _____
61. Clientele? (check all that apply) Teen or under 21 nights Located on or near a college campus
 Average age under 25 years Average age 26-35 Average age over 35

Fraud Statement: Any person who knowingly and with the 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.

Applicant's Warranty Statement. I have read this application, and I declare that to the best of my knowledge and belief all of the foregoing statement are true and accurate, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. I agree that this application will be made a part of the policy; should the Company evidence the acceptance of this application by issuance of a policy.

Applicant's Signature _____ Date _____
 Broker's Signature _____ Date _____
 Address _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.
 Name of Authorized Agent or Broker. _____
 Address. _____
 Mail Completed Application
 Through Local Agent or Broker to: