

D. Clientele:

Local Residents Families Retirement community College Students Seasonal residents
Median age of patrons: 18-25 25-30 30-40 40 and over
Are premises located near a college or university?..... Yes No

E. Entertainment:

Is there any live entertainment on premises? Yes No
Number of times per week:: _____
If yes, describe (include go-go dancers, topless, disco, exotic, female/male): _____
Is there dancing? Yes No
Number of times per week:: _____ Square footage of dance floor: _____
Does applicant have amusement devices?..... Yes No
If yes, how many? _____ Describe: _____

Is there a minimum or cover charge? Yes No
Sports on premises? Yes No
If yes, provide complete details: _____

Sports sponsored off premises? Yes No
Number of times per week:: _____ Give details: _____

F. General Information:

Are facilities available for use or rent for private parties, receptions, banquets or similar affairs? Yes No
If yes, number of times per year: _____ Describe: _____

Does applicant advertise or promote "happy hour" or other events when drinks are sold at a lower price than usual? Yes No

Do you subscribe to a taxi or other service providing transportation home to apparently intoxicated persons?..... Yes No
If yes, describe: _____

Number of years under current management: _____ How many hours per day is applicant open? _____

Types of meals served: Full meals Short order

Maintenance of building is: Good Average Poor

Housekeeping is: Good Average Poor

Does applicant have parking area? Yes No

Is lot well lit? Yes No

In the past five years has applicant been cited by the Liquor Control Commission? Yes No

If yes, give date(s) and full explanation: _____

Are police records and background checks conducted on employees?..... Yes No

Number of bouncers or doormen: _____

Are security guards/bouncers/doormen employees or independent contractors? _____

F. General Information: (cont.)

If independent contractors, do they provide Certificates of Insurance and Additional Insured Endorsements to the applicant? Yes No
 Does applicant have Workers' Compensation coverage in force? Yes No
 Does applicant lease employees? Yes No
 Total number of employees: _____

G. During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri)..... Yes No
 If so, explain: _____

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POLICY NO.	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

SCHEDULE OF HAZARDS								
Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem./Ops.	Products	Prem./Ops.	Products

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

APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

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 such person to criminal and civil penalties.

I/We agree to submit records for audit by the Company upon termination or expiration of this policy for the determination of actual gross receipts during the coverage period.

APPLICANT'S SIGNATURE _____ Date _____

AGENT NAME _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written requests, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE