



400 West Main Street, Suite 302 • Riverhead, New York 11901
Phone: 631-369-3800 • Fax: 631-369-0379

Name Insured (Corp) DBA (Name)
Location Address City
County State Zip Code Email Address
Web Address Mailing Address (If Different)

Current Carrier Effective/Renewal Date Current/Target Premium
Has Current Policy Been Cancelled or Non-Renewed Yes No If Yes, Describe

This Owners/Shareholders Information Must Be Entered To Bind Coverage

Owners Name (Principal) SS # D/O/B
Home Address
Home Phone # Business Phone #

If more than one owner, list all on back page. All owners/shareholders must complete to bind.

Business Information

Applicant is a: Corporation Partnership Individual Other
Applicant is a: Restaurant Tavern Night Club Diner Banquet Hall Social Club
Other (Please Specify)
# Years at this Location # of years in Restaurant/Tavern Business
If less than 3 years at this Location, list previous experience
Federal EIN # Liquor License # Legal Bldg. Occupancy

Operations Section Owner/Shareholder Must Complete to Quote

Is Applicant Open Now Yes No If No, Explain
Hours of Operation From To # of Days per Week
Is Applicant Seasonal? Yes No If Yes, explain maintenance, security & hired caretaker operations on Page 5.
Does an owner manage the business directly? Yes No Distance to ocean or nearest body of water

Physical Plant Section

Age of Building Construction Protection Class # of Stories
Age of: Wiring Plumbing Heating Roofing
Roof Shape: Flat Gable Hip
Roof Cladding: Asphalt Built-Up Sheet/Metal Tile/Clay Wood Shingle
Exterior Cladding: Wood EIFS Other
Other Occupants: Yes No If Yes, Type of Occupancy

**Physical Plant Section (cont'd)**

Smoke Detectors: Yes  No  If Yes, Type: Electric  Battery Power   
Fire Alarm: Yes  No  If Yes, Type: Central Station  Local   
Burglar Alarm: Yes  No  If Yes, Type: Central Station  Local   
Surveillance Cameras Y  N  Inside Y  N  Outside Y  N  Central Monitor Y  N  Archived for \_\_\_\_\_ #Mo's  
Sprinkler System Yes  No  If Yes, Age \_\_\_\_\_ Type of System: Wet  Dry   
Volunteer Fire Department Yes  No  Distance To: Hydrant \_\_\_\_\_ Fire Dept. \_\_\_\_\_  
Kitchen Fire Protection: Yes  No   
U.L. Approved Automatic Extinguishing System under Semiannual Contract Yes  No   
Above System Covering All Cooking Surfaces Yes  No   
System Name \_\_\_\_\_ Wet  Dry   
Automatic Gas or Electric Shut Offs for Cooking Yes  No   
Hood and Filters Cleaned Weekly by Staff Yes  No   
Hoods and Ducts Over all Cooking Equipment Yes  No   
Hoods and Ducts Maintenance Contract Schedule # Per Month \_\_\_\_\_  
Fire Extinguishers Tag Dates \_\_\_\_\_  
Is Kitchen Sub-leased Yes  No  If Yes, Explain \_\_\_\_\_  
Table Cooking or Tableside Cooking Yes  No  If Yes, Explain \_\_\_\_\_

**Entertainment Section ENTIRE Section MUST Be Completed**

Entertainment Yes  No   
Nights w/Ent. Fri  Sat  Sun  Mon  Tue  Wed  Thu  Clientele Avg. Age \_\_\_\_\_  
Type of Entertainment Rock Group  DJ  Band (Any Kind)  Go-Go  Karaoke   
Other (Please Describe) \_\_\_\_\_ Number of TV's \_\_\_\_\_ Stage Exist Yes  No   
Cover Charge Yes  No  If Yes, Describe When & Why \_\_\_\_\_  
Dance Floor Exist Yes  No  Dance Floor Sq. Feet \_\_\_\_\_ If No, is dancing permitted Yes  No   
Amusement Devices (Pool Tables, Video Games, etc.) Yes  No  If Yes, # and description \_\_\_\_\_

**Liquor Legal Liability Section ENTIRE Section MUST Be Completed**

Does Applicant Serve Alcohol? Yes  No  If NO Liquor License is BYOB Permitted? Yes  No   
Does Applicant Have Liquor License? Yes  No  If Yes, Type and # \_\_\_\_\_  
# Of Bar Seats \_\_\_\_\_ Max # of staff per shift: Bartenders \_\_\_\_\_ Wait Staff \_\_\_\_\_ Avg. Employment Exp. \_\_\_\_\_ yrs.  
Alcohol Server Training? Yes  No  If Yes, Explain Type and When Trained \_\_\_\_\_  
Does Applicant Have Written Policy on Serving Alcohol to 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 a Last Call Given? Yes  No  If Yes, What Time \_\_\_\_\_  
Are drink consumption games, contests, or drink enticing equipment permitted? Yes  No   
Does or will the applicant offer *Bottle Service* sale of any alcohol products? Yes  No

**Property Section**

Does Applicant Own Building? Yes  No  Is Applicant Required by Lease to Insure Bldg.? Yes  No   
Building Limit \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_ ACV  R/C  Deductible \$ \_\_\_\_\_ (\$1,000 Min.)  
Imp. & Betterments Limit \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_ ACV  R/C  Deductible \$ \_\_\_\_\_ (\$1,000 Min.)  
Contents Limit \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_ ACV  R/C  Deductible \$ \_\_\_\_\_ (\$1,000 Min.)  
Business Income Limit \$ \_\_\_\_\_ Contribution or Co-Ins % \_\_\_\_\_ Waiting Period: 72 Hours  
With Extra Expense Yes  No   
Loss of Rents Limit \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_  
Square Footage: Total Building \_\_\_\_\_ If Applicant is a Tenant Sq. Ft. of Occupied Space \_\_\_\_\_  
Cause of Loss: Basic  Special  Broad   
Property Enhancement Endorsement Requested Yes  No  See RCA Website For Coverages  
Other Property Coverage Requested \_\_\_\_\_

**Liability Section**

General Liability Limit \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_  
Liquor Liability Limit \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_  
Is Lessors Risk Requested? Yes  No  If Yes, Supply Square Footage \_\_\_\_\_ Business Occupant \_\_\_\_\_  
Receipts: Food \$ \_\_\_\_\_ Liquor \$ \_\_\_\_\_ Admission \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Total \$ \_\_\_\_\_  
Are There Apartments? Yes  No  If Yes, Number of Units \_\_\_\_\_ Owner Occupied Yes  No   
Are There Lodging Operations Other Than Apartments? Yes  No  If Yes, Describe \_\_\_\_\_  
Is there Waitress/Waiter Service? Yes  No  If Restaurant, Table Seating Capacity \_\_\_\_\_  
Off Premise Parking? Yes  No  If Yes, list address and square footage (or # of spaces) \_\_\_\_\_  
Valet Parking by Owner? Yes  No  By Valet Contractor? Yes  No  If Yes Incl Cert w/RCA as named AI  
On or Off Premise Catering / Banquet? Yes  No  If "Yes", % of total Receipts \_\_\_\_\_ %  
Any Teen Nites or Events Open to the Public? Yes  No  Describe Public Events and Operations on Page 5.  
Is there a Dock/Wharf? Yes  No  If Yes, is there Water Taxi Service? Yes  No   
Describe Any Other On or Off Premise Exposure NOT Listed Above \_\_\_\_\_

**Security**

Are Any Persons Employed as Bouncers, Door Staff, ID Checker, Crowd Control or Security? Yes  No   
If Yes Describe Type, Purpose, and Number of Security/Bouncers on Any Shift # \_\_\_\_\_ Purpose: \_\_\_\_\_  
Are Any Non-Employee Security Services Hired or Contracted? Yes  No   
If Yes Describe Type and Purpose: \_\_\_\_\_  
Are Firearms Kept or Permitted on Premises by Anyone Other Than Police Officers? Yes  No   
In the Last 12 Months Have Any Emergency Services Been Called; i.e. Police, Ambulance, Fire? Yes  No   
If "Yes", Explain \_\_\_\_\_

**Non-Owned Automobile (Hired Auto Not Available)**

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

**Claims Section**

List ALL Claims for the Past 5 Years. If Yes, Describe Loss.

Property Claims Yes  No  \_\_\_\_\_

General Liability Claims Yes  No  \_\_\_\_\_

Liquor Liability Claims Yes  No  \_\_\_\_\_

**Violations Section**

Has the applicant been cited or incurred a violation for any health, fire or any other regulatory code/activity in the prior three years? Yes  No

If yes, list and describe \_\_\_\_\_

Has the subject business, under the current or prior names, incurred any violations involving alcohol during or prior to your ownership? Yes  No  If yes, list ALL violations on p5 under comments.

Has any business owned in part or whole by you or your current partners incurred any regulatory violations involving alcohol? Yes  No  If yes, list ALL violations on p5 under comments.

**Additional Interests**

Mortgagees, Additional Insureds and Loss Payees are defined as Additional Interests

There are Additional Interests listed on this Application and are by this acknowledgement included in the information that is warranted by the signature(s) below.

If the box above is not checked it is understood that there are no Additional Interests to this application.

Additional Insured for type choice Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and ZIP \_\_\_\_\_  
Interest \_\_\_\_\_

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Address \_\_\_\_\_  
City, State and ZIP \_\_\_\_\_  
Interest \_\_\_\_\_

Additional Insured for type choice Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and ZIP \_\_\_\_\_  
Interest \_\_\_\_\_

Additional Insured for type choice Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and ZIP \_\_\_\_\_

**Financial Information**

Is Owner or Corporation now or ever involved in: Bankruptcies Yes  No  Foreclosures Yes  No   
Tax Liens Yes  No  Business Failures Yes  No  Any Litigations Yes  No

If Yes, Please Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Owners/Shareholders Must Be Completed and Signed By All Owners/Shareholders To Bind**

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Fraud Statement**

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, and on any additional pages, if any, 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.

**Credit Report Authorization**

I hereby authorize company 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 \_\_\_\_\_  
Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

Are you the controlling agent on this account? Yes  No

Agent \_\_\_\_\_ Producer \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ FAX # \_\_\_\_\_  
Agent Signature \_\_\_\_\_ E-mail address \_\_\_\_\_

**Comments/Notes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_