

RESTAURANT/TAVERN APPLICATION

MAXIMUS INSURANCE AGENCY, INC
684 Broadway
Massapequa, NY 11758-2319

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

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.
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

Have There Been Any Alcohol Regulatory Violations? Yes No If Yes, List ALL Violations _____

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 _____

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 _____

Additional Insured for type choice Name _____
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 _____

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

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

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 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 _____
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

