



**NeitClem WHOLESALE INSURANCE BROKERAGE, INC.**

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License #OA71853 • www.neitclem.com

**RESTAURANT/TAVERN/ADULT ENTERTAINMENT  
SUPPLEMENTAL APPLICATION**

Applicant \_\_\_\_\_

Previous Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

**BUSINESS INFORMATION**

List all owners and partners \_\_\_\_\_

Currently open for Business ? YES ? NO **If No, coverage cannot be bound.**

Number of years at this location under current ownership \_\_\_\_\_

Total years in Restaurant / Tavern Management \_\_\_\_\_ Total years in Restaurant/Tavern Ownership \_\_\_\_\_

Total Receipts \$ \_\_\_\_\_ Alcohol Receipts \$ \_\_\_\_\_ Admission Receipts \$ \_\_\_\_\_

Days of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Is property for sale? ? YES ? NO Is operation seasonal? ? YES ? NO

Has applicant ever been involved in bankruptcy or liquidation? ? YES ? NO If yes, explain \_\_\_\_\_

Has applicant had any citation or violation from any local or state regulatory authorities? ? YES ? NO If Yes, explain \_\_\_\_\_

**PREMISES INFORMATION**

Premises Address \_\_\_\_\_

Distance to ocean/bay/gulf \_\_\_\_\_

Is parking lot under insured's control? ? YES ? NO If yes, sq. ft. \_\_\_\_\_

Is parking for customer only? ? YES ? NO If no, please explain \_\_\_\_\_

Is valet parking provided? ? YES ? NO If yes, by employees ? YES ? NO By service ? YES ? NO

Building sq. ft. \_\_\_\_\_ Occupied sq. ft. \_\_\_\_\_ Customer sq. ft. \_\_\_\_\_

Age of roof \_\_\_\_\_ Date of upgrades: Plumbing \_\_\_\_\_ Wiring \_\_\_\_\_ Heating \_\_\_\_\_

Are renovations taking place? ? YES ? NO If yes, please explain \_\_\_\_\_

Indicate which of the following are occupants of the building (if applicable): ? Rooming ? Boarding ? Hotel

Apartments ? YES ? NO If yes, number \_\_\_\_\_

Describe heat source \_\_\_\_\_

Vacancies in building ? YES ? NO If yes, number of times per year \_\_\_\_\_

Are facilities rented out? ? YES ? NO If yes, please explain \_\_\_\_\_

Does applicant serve any raw seafood? ? YES ? NO If yes, please explain \_\_\_\_\_

Has there been any incidents involving assault & battery in the past 3 years? ? YES ? NO If yes, explain \_\_\_\_\_

## ENTERTAINMENT

Is there entertainment? ? YES ? NO If Yes, what type/how often \_\_\_\_\_

Is there dancing? ? YES ? NO If Yes, size of dance area/# of nights \_\_\_\_\_

Is there exotic dancing? ? YES ? NO If Yes, how many dancers per shift \_\_\_\_\_

Amusement Devices? ? YES ? NO If Yes, what type/how many \_\_\_\_\_

Mechanical Devices? ? YES ? NO If Yes, what type/how many \_\_\_\_\_

Gaming devices/table? ? YES ? NO If Yes, what type/how many \_\_\_\_\_

Pool tables? ? YES ? NO If Yes, how many \_\_\_\_\_

Bouncers? ? YES ? NO Security Guards ? YES ? NO **If yes to either, check for eligibility.**

Are bouncers off-duty policemen? ? YES ? NO If No, describe training \_\_\_\_\_

I.D. Checkers ? YES ? NO

Any weapons on premises? ? YES ? NO

## COOKING – If None, check here ?

Is there an automatic suspension system? ? YES ? NO **If No, risk does not qualify for coverage.**

Does the system protect: All Hoods and Ducts? ? YES ? NO Griddles? ? YES ? NO

Deep Fat Fryers? ? YES ? NO Open Flame? ? YES ? NO

BBQ Pits? ? YES ? NO

Date last cleaned \_\_\_\_\_ Frequency of cleaning \_\_\_\_\_

Is there an automatic fuel shut off device? ? YES ? NO **If no, submit to company**

Does the applicant have any outside commercial cleaning contract for the hood and duct systems? ? YES? NO

Date last serviced \_\_\_\_\_ Frequency of cleaning \_\_\_\_\_

Any off premises catering? ? YES ? NO If yes, explain \_\_\_\_\_

\_\_\_\_\_ % of total receipts \_\_\_\_\_

## LIQUOR LIABILITY

Previous carrier \_\_\_\_\_ Exp. Date \_\_\_\_\_

Policy Number \_\_\_\_\_ Claims Made ? Occurrence ?

Ever cancelled or non-renewed? ? YES ? NO If yes, explain \_\_\_\_\_

Has applicant ever been fined or cited for violation of law or ordinance relating to the sale of alcohol? ? YES ? NO

If Yes, explain \_\_\_\_\_

Average age of clientele \_\_\_\_\_ What is the seating capacity \_\_\_\_\_

Number of bartenders \_\_\_\_\_ Number of servers \_\_\_\_\_

Name, address and telephone number of person who keeps books \_\_\_\_\_

Does Applicant have any promotional events? Happy hour \_\_\_\_\_ Ladies Night \_\_\_\_\_

Other, explain \_\_\_\_\_

Have alcohol servers received certified training? ? YES ? NO If yes, by who \_\_\_\_\_

### NOTICE TO APPLICANT

A 25% Minimum Earned Premium will be charged on cancellations made at the insured's request, including non-payment cancellations.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURED FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THIRD DEGREE.

REPRESENTATION: I represent that the information contained herein is true, and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company/Underwriter evidence its acceptance of this application by issuance of a policy. Furthermore, I hereby authorize the Company, its agents, and representatives to secure claims information from my current and previous insurance carriers.

APPLICATION MUST BE SIGNED BY APPLICANT (PENCIL OR FAX PAPER NOT ACCEPTABLE)

Applicant's Name (Print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

License Agent/Producer's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

Agent's License # \_\_\_\_\_ Surplus Lines License # \_\_\_\_\_