

	James River Insurance Company and its Subsidiaries 6641 West Broad Street, Suite 300 Richmond, VA 23230	Restaurant/Nightclub Supplemental
		GENERAL CASUALTY Division Email to GC@jamesriverins.com or, Fax to 804-287-2814
APPLICANT'S INSTRUCTIONS: <ol style="list-style-type: none"> 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded. 2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage. 3. Please read the statements at the end of this application carefully. Thank you! 		

RESTAURANT/NIGHTCLUB SUPPLEMENTAL APPLICATION

Applicant's Name: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Proposed effective date: _____

Type of ownership: Corporation Individual Partnership Other

Area of risk: Metro City Suburb Rural

GENERAL INFORMATION

Type of risk: Restaurant Bar Nightclub "Gentlemen's" Club
 Banquet Hall Other

If other, please give a description of operations: _____

Total Revenue: \$ _____

Food Receipts: \$ _____

Liquor Receipts: \$ _____

Other Receipts: \$ _____

Cover Charge: Yes No If yes, revenue: \$ _____

Doormen/Bouncers?: Yes No If yes, how many are on duty per shift?: _____

Happy Hour?: Yes No

Other liquor discounts/promotions?: Yes No If yes, please describe:

Percent of clientele: Under age 25: _____% Ages 25-30: _____% Over age 30: _____%

Hours of operation: _____ to _____ How many days per week?: _____

Table seating capacity: _____ Total Capacity: _____

ENTERTAINMENT

Do you provide entertainment as part of your operations?: Yes No
DJ?: Yes No
Juke Box?: Yes No
Live Entertainment?: Yes No
Type and how often: _____
Any nationally known acts?: Yes No
Type of music played (by DJ or live bands):
 Rap/R&B Country/Western/Bluegrass Classic Rock Heavy Metal
 Top 40s/pop Other (if so, please explain): _____
Dance floor?: Yes No
Size: _____ Sq.Ft.
Electronic games? : Yes No
Type:
Mechanical bulls or other mechanical devices?: Yes No
If so, what type:
Pool tables?: Yes No
Number: _____
Foam parties?: Yes No
Pyrotechnics?: Yes No
What is your policy regarding moshing?: _____

CONSTRUCTION

Year Built: _____
Years owned by Insured: _____
Years of experience in the management of restaurants/bars/nightclubs: _____
Building construction: _____
Updates: Roof _____ Electrical _____ Plumbing _____
Square foot area of establishment: _____ Maximum occupancy: _____

LIFE SAFETY

Smoke alarms?: Yes No
If so, hardwired **OR** battery?
Central Station alarm?: Yes No
If yes, is it connected to a local fire department **OR** an outside monitoring service?
Emergency lighting in all common areas (including stairwells)?: Yes No
Are all cooking surfaces protected by an automatic fire suppression system?: Yes No

SECURITY

Is security present at your location?: Yes No
If yes, are security personnel:
Employed?: Yes No
Off-duty police officers?: Yes No

Subcontracted?: Yes No
 If security is subcontracted, are the subcontractors required to provide COIs with limits of at least \$1,000,000 and name you as an Additional Insured? Yes No
 Armed security? Yes No
 Days of week you have security on duty at your location: _____ Hours on duty: _____
 Video security?: Yes No
 Are background investigations conducted on all employees who perform security duties?: Yes No
 What is the average hourly wage of your security staff?: \$_____ per hour
 What hiring criteria do you use for security staff?: _____

CONTRACTUAL LIABILITY

Do you enter into any contracts or agreements whereby you assume the liability of others? Yes No

If yes, please explain the nature of such contracts and agreements below:

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In 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.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and 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 Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Signature:

Applicant's Name (print):

Date (MM/DD/YY):
