



ANCHOR BAY INSURANCE MANAGERS, INC.

SURPLUS LINES BROKERS/UNDERWRITERS

This application can be:

- filled in on-line and submitted via the email button at the end of the application
- saved to your computer as a PDF, filled in and attached to an email
- saved to your computer as a PDF, filled in and printed out and faxed

If you save the application to your computer as a PDF file then you CANNOT use the submit button at the bottom of the application.

Please note: Enhanced commission will only be paid on those accounts that are submitted on-line – and then only if the all material questions have been answered when the account is first submitted.

Also note: If you fill out the application on-line, and give your correct e-mail address where it is requested, you will automatically receive a copy of the completed application via e-mail. Please save that application. If we reject an application as being incomplete, or if your initial submission was for an indication only and you need to firm up, please open your copy of the e-mailed application, complete the missing answers and click the re-submit button at the bottom of the app.

Please fill out all relevant contact names, phone numbers and emails, as failure to do so will result in delays returning the acknowledgement / copy of your on-line submission, requests for further information, and other documentation.

Anchor Bay Insurance Managers, Inc.

Restaurant / Bar / Tavern Application

09/2010

Agency Name: _____ Need Quote By: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Web Site: _____
 Producer: _____ Ext: _____ E-mail: _____
 Contact: _____ Ext: _____ E-mail: _____
 If written, should we send the policy to you by snail mail or email? _____ Email address: _____

Applicant's Business Name: _____
 Applicant's Legal Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Web Site: _____ Legal Entity: _____ (I.E.: Individual, Partnership, Corporation or ???)

Proposed Effective Date: _____ Expiration Date: _____

General Information

Number of years this business has been in operation: _____ At this location? _____
 Has/Have the applicant(s) ever operated this location under a different name or dba or does the applicant operate any other restaurants/bars at any other locations? _____ If so, please provide details (names, dba:, locations, etc.) on separate sheet.

Name of Partners / Stockholders	% Owned	Managing Partner?	Active in the Business?	Combined Years Experience as Owner and / or Manager

Number of days business is open per week _____ Business opens: _____
 Has the applicant been in bankruptcy in the last 3 years? _____ When and why? _____
 Is the risk seasonal? _____ If so, describe closed season and protection: _____
 Is the property undergoing renovation? _____ If so, for how long? _____ Estimated cost of renovation? _____
 Is the work being completed by applicant or by a contractor? _____ If the cost of renovation exceeds \$10,000, attach details.
 Does the applicant have a commercial auto policy? _____
 Does the applicant or its employees ever deliver food, drink or other products to customers or to offsite catering jobs? _____

Prior Carrier	Premium	Policy #	Eff. Date

Has there been a lapse in coverage? _____ If so, when and how long a lapse? _____
 Reason for the lapse? _____
 Does the current carrier include liquor liability? _____ Is current carrier willing to renew? _____
 Has the applicant ever been cancelled/non-renewed for any reason other than non-payment, or the carriers termination of a class program or state? _____ If so, please provide details below:

Loss History

Total # of claims, losses, occurrences, lawsuits or events that may lead to claims, in the past three years (Detail below):

Date of Loss	Line of Coverage	Description of Loss	Paid	Reserved	Open / Closed

of Claims / 3 Yrs _____ # of Assault & Battery Claims _____ # of Liquor Claims _____ # of Mold Claims: _____

Location #:1-1

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Subject of Insurance	Amount	Co-Ins %	Rep. Cost or ACV?	Coverage Form	Deduc.
Building					
Tenants Improvements					
Business Personal Property					
Business Income					

Include Extra Expense in the Business Income? _____

Should the Payroll Limitation apply to Business Income? _____

Add Broadening Endorsement? _____ Add Food Borne Illness (submit)? _____ Add Mechanical Breakdown? _____

To see a list of coverages provided by our broadening endorsement, and to request higher limits where we have them, please see the last page of this application.

Does the applicant own the building? _____ Year originally built: _____ Year gutted to the studs & rebuilt: _____

Year Updated: Wiring: _____ Roofing: _____ Plumbing: _____ Heating: _____

Construction Type: _____ (i.e.: Frame, Masonry, etc.) Protection Class: _____ # of stories: _____

Is the building built on pilings? _____ Do any customers arrive by boat? _____ If so, describe dock on separate sheet.

Total Area of the building: _____ Sq. Ft. Area Occupied by the Applicant: _____ Public Area: _____

Is roof construction wood, shake/shingle or ??? (choose one or mixed)? _____ Is the roof flat? _____

Is the building on circuit breakers? _____ Type of Wiring? _____ Plumbing is _____

Does the applicant use a microwave, autofry, pizza oven or other self contained cooking equipment? _____

If so, is this equipment Underwriters Laboratories (UL) approved? _____

Does the applicant do any other type of cooking on premises? _____

If so, is there a UL approved auto extinguishing system over ALL cooking surfaces and deep fryers (other than self contained units described above)? _____ Type of system: _____

Does the system include an automatic gas or electric shut off, with a manual pull capacity? _____

Is there a semi-annual (or more frequent) service contract on the automatic extinguishing system? _____

Are hoods and ducts equipped with filters? _____ Are filters cleaned at least every 6 months? _____

Are hoods and ducts cleaned every 6 months or more frequently? _____ Date of last cleaning: _____

Are portable fire extinguishers mounted & accessible to cooking areas? _____

What % of this building is vacant? _____ Are there any uncorrected fire code violations? _____

Is the building on any historical register? _____ Discuss Other Occupancies & Adjoining Property Exposures / Distance: _____

Property Coverage Information (continued)

Is the building covered by a burglar alarm? _____ Fire alarm? _____ Central Station, Local or Pull Alarm? _____

Does the burglar alarm system, if any, include interior motion detectors? _____

of fire extinguishers? _____ Date last serviced and tagged? _____

% of the building that is sprinklered? _____ Are the sprinklers operational? _____

Does the applicant have an in-floor safe? _____ Does the applicant make daily bank deposits? _____

Limits of Liability:

General Aggregate: _____
Products / Completed Ops Agg: _____
Personal & Advertising Injury: _____
Each Occurrence: _____
Damage to Rented Premises: _____

Medical Expense (any 1 person): _____
Liquor Legal (Each Common Cause): _____
Liquor Legal (Annual Aggregate): _____
Non-owned and Hired Auto: _____
Employers Liability: _____
Employee Benefits Liability: _____

As respects CGL & Liquor Liability Aggregates _____

Gross Sales by Category -- Projected for Policy Term

On premises food _____ Off Premises Catering -- Food _____
On premises beer & wine _____ Off Premises Catering -- Liquor _____
Other liquor (on premises) _____ Package Store Receipts: _____
Cover / Door Charges _____ Other Receipts* _____

Total Receipts -- Current Year	_____
Total Receipts -- Last Year	_____
Total Receipts -- Year Prior	_____

Total Projected Receipts: _____

* Source of other receipts: _____

Average price of a dinner entree? _____

Number of employees by category: Managers: _____ Bartenders: _____ ID Checkers: _____

Wait staff: _____ Unarmed Security: _____ Armed Security: _____ Other: _____

Maximum number of bouncers or security staff, but not ID checkers, on duty at one time? _____

If bouncers are used, to what extent are they off duty police officers? _____

Size of dance floor? _____ (square feet) Is it elevated? _____ Are there handrails? _____ Stairs lit and marked? _____

Does the applicant have live music? _____ ...a DJ? _____ If so, how often? _____

Type(s) of Music: _____ If Other, describe: _____

Does the insured have or allow mosh/moshing pit, stage diving or crowd surfing? _____ Pyrotechnics? _____

Is this a karaoke bar? _____ A biker bar? _____ Do they have adult entertainment, dancers, reviews, etc? _____

Is the parking lot under the applicants control? _____ If so, area? _____ Valet Parking? _____

The surface of the parking lot is: _____ Any mechanical bulls or other mechanical rides? _____

Number of exits: _____ Are all exits marked with exit signs? _____ ...with panic door hardware? _____

Are all exits kept unlocked during business hours? _____ Legal capacity of the building (persons): _____

Describe all events sponsored by the applicant, including mechanical animal riding, bungee jumping, frozen fowl bowling, trampoline, wrestling, boxing, racing events, volleyball, horseshoes, basketball or snow machines events. State "None" if none.

Does applicant sponsor athletic activities, teams or events? _____

No. of video and arcade games? _____ No. of dart boards? _____ No. of pool tables? _____

Liquor Liability Information

Name on Liquor License: _____ Liquor License #: _____
 Average age of clientele? _____ Do you have written policies and procedures regarding service to customers? _____
 Do you provide free rides home to intoxicated patrons? _____ Does the applicant provide free use of a "breathalyzer"? _____
 Does the applicant have security cameras? _____ Does the applicant allow after hours parties? _____
 Have the insured, or any employees while working for applicant, had any liquor citations / violations in the past 3 years? _____
 Has the applicant had this, or any other, liquor license suspended or revoked? _____ If so, please provide **complete** details

Incidental Exposures

Do you have any exposures not previously identified? _____ If not, then skip the remainder of this section
 Check any incidental exposures that you may have and complete the questions related to that exposure.

Apartments # of units on premises: _____ # of units off premises: _____ Do all units have smoke detectors? _____
 Beverage (aka: Package or Liquor) Store Receipts: Beer & Wine: _____ Liquor: _____ Other: _____
 Buildings or Premises -- LRO Area Leased to Others _____ Sq. Ft. Industrial or manufacturing tenants? _____
 Dwellings # of units on premises: _____ # of units off premises: _____ Do all units have smoke detectors? _____
 Gift Shop Receipts: _____
 Hotels, Motels & Highway Road Stops # of hotel / motel units: _____ Do all units have smoke detectors? _____
 Receipts for the following: Room rental: _____ Laundries: _____ Showers: _____ Fuel / Gasoline: _____
 Convenience stores / firewood (no fuel/gas): _____ Campgrounds / Trailer Parks: _____ Propane: _____
 Offices (Off premises only). Area: _____ Sq. Ft. Warehouses (Insured occupied only). Area: _____ Sq. Ft.
 Other -- Describe and provide a rating basis. _____

Additional Interests

Name: _____ Cert Holder only? _____
 Attn: _____ Additional Insured & Cert? _____
 Address: _____ Loss Payee? _____
 City: _____ State: _____ ZIP: _____ Contract of Sale? _____
 Please describe the insurable interest: _____ Mortgagee? _____

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 Attn: _____ Additional Insured & Cert? _____
 Address: _____ Loss Payee? _____
 City: _____ State: _____ ZIP: _____ Contract of Sale? _____
 Please describe the insurable interest: _____ Mortgagee? _____

Inspection Contact Information

Name of Contact Person: _____
 Phone -- Land Line: _____ Phone -- Cell: _____ E-Mail: _____
 Best time to call: _____
 Additional Comments or Instructions: _____

Additional Coverages and Extensions

Our Broadening Endorsement includes the following coverages and limits. Additional limits may be available:

Coverage	Amount Included (Per Occurrence)	Additional Amount Requested	Total Amount Requested (including Amount Included)
Accounts Receivable	\$25,000		\$25,000
Arson Reward	\$5,000		\$5,000
Electronic Data Processing Equipment – Off Premises	\$10,000		
Electronic Data Processing Equipment – On Premises	\$20,000		
Employee Theft	\$10,000		\$10,000
Fine Arts	\$15,000		
Fire Department Service Charge	\$5,000		\$5,000
Fire Protection Device Recharge	\$1,000		\$1,000
Money and Securities	\$10,000		
Outdoor Property	\$10,000		\$10,000
Outdoor Signs	\$15,000		
Personal Effects and Property of Others	\$10,000		\$10,000
Property in Transit	\$15,000		\$15,000
Sewer, Drain, or Sump Backup or Overflow	\$15,000		\$15,000
Spoilage or Contamination	\$25,000		
Valuable Papers and Records other than Electronic Data	\$25,000		\$25,000

Ordinance or Law -- Limit requested for Coverages A, B & C (combined limits) (\$100,000 max): _____

(Note: Requests for separate limits for Coverages A, B & C will be hesitantly considered.)

Tenant Glass -- Limit requested (\$10,000 max): _____

Please select any of the following that you are requesting:

Primary & Non-Contributory

Waiver of Subrogation

Blanket Waiver of Subrogation

Employment Practices Liability -- If you would like an off-program EPLI indication (\$1,500 MP), please advise the following:

Number of Full-Time Employees _____

Number of Part-Time Employees _____

Excess or Umbrella -- Limit requested _____ Policy Form Requested _____

Comments:

Target Price: _____ (Note: Credits are not generally applied without a target price.)

As a condition precedent to coverage, the applicant warrants that the above information, as well as the information contained on any additional location or other addendums, is true, complete, and free of material misstatement or misrepresentation.

Applicant Signature: _____

Producer Signature: _____

Date Signed: _____

Date Signed: _____