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## BARS, RESTAURANTS, AND TAVERNS

### A. General Information

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Producer Name: \_\_\_\_\_ Producer Phone Number: \_\_\_\_\_

Producer Email: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

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

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

Is this a new business?  Yes  No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: \_\_\_\_\_

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

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**B. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please explain: \_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

**C. Other Insurance**

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

**D. Desired Insurance**

General Liability	<input type="checkbox"/> 25/25,000	<input type="checkbox"/> 50/50,000	<input type="checkbox"/> 100/100,000	<input type="checkbox"/> 100/300,000	<input type="checkbox"/> 150/300,000	<input type="checkbox"/> 200/400,000	<input type="checkbox"/> 250/500,000
Liquor Liability	<input type="checkbox"/> 25/25,000	<input type="checkbox"/> 25/50,000	<input type="checkbox"/> 50/50,000	<input type="checkbox"/> 50/100,000			
Self Insured Retention (SIR)	<input type="checkbox"/> 1,000	<input type="checkbox"/> 2,500	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000			

Classification of risk:

- Tavern  Disco  Bowling Center  Restaurant  Banquet Facility  Country Club  
 Membership Club  Caterer:  Off premises  On premises

Facilities Sq. Footage: \_\_\_\_\_ Sq. Ft. / Seating Capacity: \_\_\_\_\_ / Largest Room \_\_\_\_\_ Sq. Ft.

Roof type:  Flat  Pitched  Other \_\_\_\_\_ Location of Public Restrooms: \_\_\_\_\_ Floor

Other Occupancies:

Floor #1: \_\_\_\_\_

Floor #2: \_\_\_\_\_

Parking Area: Lot \_\_\_\_\_ Sq. Ft. Lighted?  Yes  No Valet?  Yes  No

**E. Business Activities**

1. Are surrounding premises:  Downtown District  Industrial  Seasonal  Rural  Resort  
 Waterfront  Shopping Center  Suburban/Commercial  
 Residential/Commercial

2. If waterfront, does applicant provide boat-docking facilities for patrons?  Yes  No

3. If Yes, docking space for how many boats? \_\_\_\_\_

4. Seasonal:  Yes  No Period from \_\_\_\_\_ to \_\_\_\_\_

5. Hours of operation: From \_\_\_\_\_ to \_\_\_\_\_

6. Days per Wk: \_\_\_\_\_ Busiest Hours: \_\_\_\_\_

7. Annual Sales:

	Past 12 Months	Estimate Next 12 Months
Liquor Sales Only		
Food Sales Only		
Total Annual Receipts		
Other		
Total:		

8. Clientele:

- Local Residents  Families  Retirement Community  College students  
 Seasonal Residents

9. Median age of patrons:  18 – 25  26 – 30  30 – 40  40 and over

10. Are premises located near a college or university? \_\_\_\_\_

11. Owner or Member of Family live on premises?  Yes  No  
 If Yes, Homeowner Policy # \_\_\_\_\_

12. Security or Bouncer?  Yes  No  
 If yes, details of duties: \_\_\_\_\_

13. Number of bouncers or doormen: \_\_\_\_\_

14. Weapons on premises?  Yes  No  
 If yes, describe: \_\_\_\_\_

15. Kitchen Information:

COOKING DEVICE	FUEL		PROTECTION		AUTO EXTINGUISHER	
	Gas	Electric	Hood	No Hood	Yes	No
Type						
Grill						
Deep Fry						
Broiler						
Range/Oven						

16. Automatic Extinguisher Contract?  Yes  No

17. Filter Cleaning Contract?  Yes  No

18. Is the applicant other than an individual or sole proprietorship?  Yes  No

If Yes, list the name and addresses of Corporate Shareholders; Trustees or Beneficiaries; Partners or Limited Partners:

Name	Address	Position	% of Interest

**F. Entertainment**

1. Is there any live entertainment on premises?  Yes  No  
 If yes, number of times per week: \_\_\_\_\_

If Yes, describe (include go-go dancers, topless, disco, exotic, female/male): \_\_\_\_\_

2. Is there dancing?  Yes  No  
 Number of times per week: \_\_\_\_\_ Square footage of dance floor: \_\_\_\_\_

3. Does applicant have amusement devices?  Yes  No  
 If yes, how many: \_\_\_\_\_ Describe: \_\_\_\_\_

4. Is there a minimum or cover charge?  Yes  No

5. Sports on premises?  Yes  No  
 If yes, provide complete details: \_\_\_\_\_

6. Sports sponsored off premises?  Yes  No  
If yes, number of times per week: \_\_\_\_\_ Give details: \_\_\_\_\_

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**G. General Information:**

1. Are facilities available for use or rent for private parties, banquets or similar affairs?  Yes  No  
If Yes, number of times per year: \_\_\_\_\_ Describe: \_\_\_\_\_

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2. Does applicant advertise or promote "happy hour" or other events when drinks are sold at a lower price than usual?  Yes  No

3. Do you subscribe to a taxi or other service providing transportation home to apparently intoxicated patrons  Yes  No

If Yes, describe: \_\_\_\_\_

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4. Number of years under current management: \_\_\_\_\_

5. How many hours a day is applicant open? \_\_\_\_\_

6. Types of meals served:  Full meals  Short order

7. Maintenance of building is:  Good  Average  Poor

8. Housekeeping is:  Good  Average  Poor

9. In the past five years has applicant been cited by the Liquor Control Commission?  Yes  No

If Yes, give date(s) and full explanation: \_\_\_\_\_

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10. Are police records and background checks conducted on employees?  Yes  No

11. Are security guards/bouncers/doormen employees or independent contractors?  Yes  No

If yes, do they provide Certificates of Insurance and Additional Insured Endorsements to the applicant?  Yes  No

12. Does the applicant have Workers' Compensation coverage in force?  Yes  No

13. Does applicant lease employees?  Yes  No

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name