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## ENTERTAINMENT RISKS Supplemental Application

**This application must be submitted on all cocktail lounges, sports bars and taverns with entertainment. It should accompany the Acord application and must be signed on binding.**

Name of Insured: \_\_\_\_\_ Effective date: \_\_\_\_\_

Description of Operation:  Cocktail Lounge  Sports Bar  Taverns/Restaurants

### GENERAL LIABILITY COVERAGE:

Occurrence Limit \$ \_\_\_\_\_

General Aggregate \$ \_\_\_\_\_

Products/Comp. Ops. \$ \_\_\_\_\_

Personal/Advertising Injury \$ \_\_\_\_\_

Fire Legal \$  300,000; Other \$ \_\_\_\_\_

Assault & Battery  \$50,000  \$100,000  \$300,000  \$500,000  
 \$1,000,000

Employee Benefits  Exclude  \$1,000,000

Liquor Liability Coverage  Exclude  \$300/300  \$500/500  \$1,000/1,000

HIRED /NON-OWNED AUTO:  Excluded  \$100,000  Other \_\_\_\_\_

Does H/NOA Limit equal GL Limit  Yes  No

- 1) Is there a current Business Auto Policy in force?  Yes  No
- 2) Does insured have delivery service?  Yes  No
- 3) Does insured require employees to use their cars regularly in his business?  Yes  No
- 4) Does insured request MVR's on employees?  Yes  No
- 5) Does insured require employees to have minimum limit of liability of not less than 100,000/300,000?  Yes  No
- 6) Does insured provide any shuttle/transport service?  Yes  No

**EXPOSURE INFORMATION:**

Hours of operation: \_\_\_\_\_ to \_\_\_\_\_ Any 24 hour operation?  Yes  No

Does insured have parking lot?  Yes  No

What is capacity of lot? Number of spaces \_\_\_\_\_

Is lot used for Special Events?  Yes  No If yes explain.

Does insured have rigged equipment?  Yes  No If yes does insured use licensed rigging contractors for all rigging to ceiling and/or walls?  Yes  No

**RECEIPTS BREAKDOWN**

Total food receipts. \$\_\_\_\_\_ Total liquor \$\_\_\_\_\_

Total Banquet receipts? On premises \$\_\_\_\_\_ Off premises \$\_\_\_\_\_

Cover charges. \$\_\_\_\_\_

Ticket sales \$\_\_\_\_\_

All other receipts \$\_\_\_\_\_ Explain!\_\_\_\_\_

Total Receipts. \$\_\_\_\_\_

Are standard written rental agreements used for any room rentals?  Yes  No

If No,explain:\_\_\_\_\_

**ENTERTAINMENT:**

Does insured have or plan to have, during policy period, any of the following?

- DJ's Times per week \_\_\_\_\_
- Live shows, acts Times per week \_\_\_\_\_
- Comedy acts Times per week \_\_\_\_\_
- Live concerts Times per week \_\_\_\_\_
- Tough man events Times per week \_\_\_\_\_
- Local bands - # pieces\_\_\_\_\_ Times per week \_\_\_\_\_
- Other Explain \_\_\_\_\_

Is dancing permitted?  Yes  No

Is dance floor treated with non skid surface?  Yes  No

Type of dance floor provided.

- Raised floor
- Stages
- Other Area of dance floor \_\_\_\_\_sq.ft.

Does applicant permit dancing on raised equipment such as bar tops, furniture, tables, chairs, other \_\_\_\_\_  Yes  No

Does applicant have or will have during policy period any of the following amusements on premises?

- Video games                      How many? \_\_\_\_\_
- Pool tables                         How many? \_\_\_\_\_
- Dart boards                        How many? \_\_\_\_\_
- TV's                                 How many? \_\_\_\_\_
- Other \_\_\_\_\_                      How many? \_\_\_\_\_

Does the applicant have or will have during the policy period any of the following?

- Mechanical Bull ride                       Inflatables
- Trampolines                                 Climbing walls
- Dunk tanks                                  Foam parties
- Other

Does applicant have or will have during the policy period any type of stunt activity?  Yes  No

**SECURITY:**

Does risk have security, bouncers or doormen?  Yes  No

How many? \_\_\_\_\_ Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

Are firearms permitted or kept on premises?  Yes  No

Are background checks completed on security people?  Yes  No

Are security people requested to sign a waiver before employment?  Yes  No

If yes, we need copies of waivers.

Are security personnel required to be licensed?  Yes  No

If so, are copies kept by insured  Yes  No

Are security personnel independent contractors?  Yes  No

Does risk have written agreement with each contractor?  Yes  No

Are COI's requested from independent security firm?  Yes  No; If yes, need copy of COI.

If yes, is risk named as an Additional Insured on the Security firm's policy?  Yes  No

Has the risk had any Assault and Battery claims within the past 3 years?  Yes  No

If yes explain. \_\_\_\_\_

**LIQUOR COVERAGE:**

Are employees trained on a formal Alcohol Awareness program, i.e.

TIP, Tam's etc?  Yes  No

Are other patrons or guest bartender allowed to serve alcohol?  Yes  No

If yes, explain. \_\_\_\_\_

Does risk permit or sponsor alcohol consumption games (i.e. beer pong, flip cup etc.)?

Yes  No

Does risk sell whole bottles of Whiskey, Gin etc. to tables?  Yes  No

Does risk allow "BYOB" on the premises?  Yes  No

Does risk engage now, or in future, in alcohol promotions?  Yes  No

Reduced drink prices for more than 2 hours.  Yes  No

- Any prices reduced to \$1.00 or less
  - All you can drink specials (other than banquets, some rentals).
- Does risk ever permit employees who serve liquor to consume alcohol on the job?
- Yes  No
- Does risk engage in underage promotions?  Yes  No
- If yes, explain how it is controlled. \_\_\_\_\_
- Does risk sell packaged goods for off premises consumption?  Yes  No
- Has risk had any liquor claims within the past 3 years?  Yes  No

**Fraud Statement: Any person who knowingly and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**

**REPRESENTATION AND WARRANTY STATEMENT:**

I HAVE READ THIS APPLICATION AND I REPRESENT THAT ALL OF THE FOREGOING STATEMENTS ARE OFFERED AS THE BASIS UPON WHICH SPECIALTY INSURANCE AGENCY, INC. IS CONSIDERING ISSUANCE OF AN INSURANCE POLICY. ANY MISSING OR ERRONEOUS INFORMATION IN THIS APPLICATION MAY JEOPARDIZE COVERAGE IN THE EVENT OF A CLAIM UNDER ANY POLICY ISSUED BY SPECIALTY INSURANCE AGENCY, INC.

**Signature of Applicant\*** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Must be Owner, Officer, or Partner)

(Required)

(Required)

*\*SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED.*