



Restaurant/Tavern Application

116 Mamaroneck Ave.
Mamaroneck, New York 10543

** Please save and attach this form to an email to info@palanciainsurance.com **

1. Corporate Name of Applicant: _____ Trading Name: _____
Address of Applicant: _____ City: _____
County: _____ State: _____ Zip: _____ Web: _____
Mailing Address (If Different) _____
Current Company: _____ Renewal Date: _____ Current Premium \$ _____

Owners/Shareholders Information Must Be Entered To Bind Coverage

2. Owners Name (Principal) _____ SS# _____
Date of Birth: _____ Home Address: _____
Home City: _____ Home State: _____ Home Zip: _____ Home Phone: _____
Business Phone: _____ E-mail Address: _____

3. Additional Owners/Shareholders Information Must Be Entered To Bind Coverage

Owners Name: _____ SS# _____
Date of Birth: _____ Home Address: _____
Home City: _____ Home State: _____ Home Zip: _____ Home Phone: _____
Business Phone: _____ E-mail Address: _____

* All additional owners, please list on back page. All owners/shareholders must complete to bind.

Business Information

4. Applicant Is a:
 Corporation
 Partnership
 Individual
 Other: _____

5. Applicant Is Located In A:

City
 Small Town
 Rural Area
 Other: _____

6. Applicant Is A:

Restaurant
 Diner
 Tavern
 Night Club
 Banquet Hall
 Other: _____

7. Federal EIN # _____ 8. Liquor License # _____ 9. Legal Building Occupancy: _____

10. If less than 3 years at this Location, list previous experience: _____

Operations Section

11. Is Applicant Open Now Yes or No, If "No", Please Explain Why: _____

12. Hours of Operation (start time & end time) _____ Number of Days/Week: _____



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Operations Section Cont.

- 13. Is Applicant a Seasonal Operation: Yes or No If "Yes", Explain: _____
- 14. Distance To Ocean or Nearest Body of Water: _____ Is Risk Eligible for Windstorm Pool? _____

Financial Information

- 15. Is Owner or Corporation now or ever Involved In: Bankruptcies Foreclosures Tax Liens Business Failures Any Litigations
If yes, Please Explain: _____

Physical Plant Section

- 16. Age of Building: _____
- 17. Construction Type: _____
- 18. Protection Class: _____
- 19. Number of Stories: _____
- 20. Age of Wiring: _____
- 21. Age of Plumbing: _____
- 22. Age of Heating: _____
- 23. Age of Roofing: _____
- 24. Smoke Detectors: Yes No
If "Yes", Electric or Battery Power
- 25. Fire Alarm Yes No
If "Yes", Type: Central Station Local
- 26. Burglar Alarm: Yes No, If "Yes", Type: Central Station Local
- 27. Sprinkler System: Yes No, If "Yes", Age _____ Type: _____ Wet or Dry System?
- 28. Kitchen Fire Protection: Yes No
- 29. U.L. Approved Automatic Extinguishing System under Semiannual Contract: Yes No
- 30. Above System Covering All Cooking Surfaces: Yes No
- 31. System Name: _____ Wet or Dry System?
- 32. Automatic Gas or Electric Shut Offs for Cooking: Yes No
- 33. Hood and Filters Cleaned Weekly by Staff: Yes No
- 34. BC Extinguisher Available In Kitchen: Yes No
- 35. Hoods and Ducts Over All Cooking Equipment: Yes No
- 36. Hoods and Ducts Maintenance Contract Schedule: Yes No: #Month: _____

Entertainment Section

- 37. Entertainment: Yes No: if "Yes", ENTIRE Section MUST be Completed
- 38. Nights with Entertainment Fri Sat Sun Mon Tue Wed Thu - Clientele Avg. Age _____
- 39. Type of Entertainment: Rock Group DJ Band (Any Kind) Go-Go Karaoke
Other (Please Describe) _____
- 40. Dance Floor or Stage Exist: Yes No: Is Dancing Permitted: Yes No
- 41. Amusement Devices (Pool Tables, Video Games, etc.): Yes No: If "Yes", how many: _____
Please Describe: _____



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Liquor Legal Liability Section

42. Does Applicant Serve Alcohol: Yes or No: If "Yes", Explain: _____

43. Does Applicant Have Liquor License: Yes or No: If "Yes", Type and Number: _____

44. Does Applicant Sell Package Goods: Yes or No: If "Yes", Percentage of Liquor Receipts: _____ %

45. Number of Bar Seats: _____ Max Number of Staff per Shift: Bartenders: _____ Wait Staff: _____ Avg. Employment Exp. _____ yrs.

46. Are Employees Given Liquor Training: Yes or No: If "Yes", Explain Type and When Trained: _____

47. Does Applicant Have Written Policy on Serving Alcohol for Employees & Customers: Yes or No

48. Is Management Notified Prior to Shutting Off Patrons: Yes or No

49. Is Documentation Kept on Each Incident: Yes or No

50. Number of Bars on Premises: _____ Is There a Steady Bar Clientele: Yes or No

51. Is There a Happy Hour: Yes or No: Reduced Price Drinks: Yes or No

52. Is a Last Call Given: Yes or No: If "Yes", What Time: _____

53. Have There Been Any Liquor Board Violations: Yes or No: If "Yes", List ALL Violations: _____

Property Section

54. Does Applicant Own Building: Yes or No: Is Applicant Required by Lease to Insure Building: Yes or No

55. Building Limit: _____ Co-Ins: _____ % ACV: _____ R/C: _____ Deductible: _____

56. Contents Limit: _____ Co-Ins: _____ % ACV: _____ R/C: _____ Deductible: _____

57. Business Income Limit: _____ Contribution or Co-Ins % _____ Waiting Period: 72 Hours

58. Loss of Rents Limit: _____ Co-Ins % _____ Deductible: _____

59. Cause of Loss: Basic _____ Special _____

60. Employee Dishonesty Limit: _____ Deductible: _____

61. Property Enhancement Endorsement Requested: Yes or No (See Web Site for Coverages)

62. Other Property Coverages Requested: _____



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Liability Section

63. General Liability Limit: _____
Aggregate: _____

64. Liquor Liability Limit: _____
Aggregate: _____

65. Receipts:
Food: _____ Other: _____
Liquor: _____ Total: _____

66. Square Footage: Building _____ Restaurant _____ Table Seating Capacity _____
Off Premise Parking: Yes or No: If "Yes", list address and square footage _____

67. On or Off Premise Catering/Banquet: Yes or No: If "Yes", Percentage of total Receipts _____ %
Describe Catering Operation: _____

68. Lodging Operations Other than Apartments: Yes or No: Number of Apartments, if Any _____
If "Yes", Describe: _____

69. Describe Any Other On or Off Premise Exposure NOT Listed Above: _____

Security

70. Are Any Bouncers, Door Person or Security Used: Yes or No: If Yes Describe Type and Purpose: _____

71. Are Any Non-Employee Security Services Hired or Contracted: Yes or No: If Yes Describe Type and Purpose: _____

72. In The Last 12 Months Have Any Emergency Services Been Called; i.e. Police, Ambulance, Fire: Yes or No: If Yes, Please Explain _____

Please use additional paper if you need more room.

Non-Owned Automobile (Hired Auto Not Available)

73. Is Non-Owned Automobile Requested? Yes or No: If Yes, Complete Entire Section

74. Number of Employees: _____ Does Applicant have a Business Auto Policy? Yes or No

75. Any Delivery Use? Yes or No: List the Business Purposes the Non-Owned Auto will be Utilized For: _____



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Additional Interests Section

76. Mortgagee and Address: 1st _____
 Check If None 2nd _____

77. Additional Insureds: 1st _____
 Check If None 2nd _____
 3rd _____

78. Loss Payees: 1st _____
 Check If None 2nd _____

Claims Section

List ALL Claims for Each Section for the Past 5 Years. If None, Then Answer "None".

Property Claims: _____

General Liability Claims: _____

Liquor Liability Claims: _____

Additional Owners/Shareholders Must Be Completed and Signed By All Owners/Shareholders To Bind

Name: _____ Soc. Sec.# _____ Date of Birth _____

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The signing of this application does not bind the Applicant nor any company to complete the Insurance, but it is agreed that the Information contained herein shall be the basis of the acceptance of a contract. It is therefore the warranty of the undersigned that the Information contained herein is true and correct, and it is hereby understood that the policy will be warranted based on this information. It is further understood that 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 subjects the person to criminal and civil penalties. I hereby authorize RCA to run any credit reference checks in accordance with the Fair Credit Reporting Act (91-508), should they deem necessary.

Insureds Signature: _____ Date: _____

Insureds Signature: _____ Date: _____

Insureds Signature: _____ Date: _____

(Must Be Signed by All Owners/Shareholders to Bind)

Agent Section

Are you the controlling agent on this account? Yes or No: Agent Producer _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Agent Signature: _____ E-mail address: _____

