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## Bars/Restaurants/Taverns General Liability Application

Applicant's Name	_____
Mailing Address	_____ _____ _____
Location	_____ _____

Agent Name	_____
Address	_____ _____ _____

**PROPOSED EFFECTIVE DATE:**

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time at the address of the Applicant

**Applicant is:**    Individual    Corporation    Partnership    Joint Venture    Other (Specify) \_\_\_\_\_

LIMITS OF LIABILITY REQUESTED	PREMIUMS
General Aggregate \$	Premises/Operations
Products & Completed Operations Aggregate \$	
Personal & Advertising Injury \$	Products/Completed Operations
Each Occurrence \$	\$
Fire Damage (any one fire) \$	Other
Medical Expense (any one person) \$	\$
Other Coverages, Restrictions, and/or Endorsements	Total
Deductible \$	\$

**A. Classification of risk:**

- Tavern    Disco    Bowling center    Caterer:  Off premises    On premises  
 Restaurant    Banquet facility    Membership club    Country club

**B. Annual sales:**

	Past 12 Months	Next 12 Months
Liquor Sales		
Food Sales		
Other		
<b>Total</b>		

**C. Are surrounding premises:**

- Downtown district    Industrial    Seasonal    Rural    Resort  
 Waterfront    Suburban Commercial    Residential/commercial    Shopping center

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

If yes, docking space for how many boats? \_\_\_\_\_

**D. Clientele:**

Local Residents       Families       Retirement community       College Students       Seasonal residents  
Median age of patrons:  18-25       25-30       30-40       40 and over  
Are premises located near a college or university?  Yes     No

**E. Entertainment:**

Is there any live entertainment on premises?  Yes     No    Number of times per week: \_\_\_\_\_  
If yes, describe (include go-go dancers, topless, disco, exotic, female/male): \_\_\_\_\_  
Is there dancing?  Yes     No    Number of times per week: \_\_\_\_\_ Square footage of dance floor: \_\_\_\_\_  
Does applicant have amusement devices?  Yes     No    If yes, how many? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a minimum or cover charge?  Yes     No  
Sports on premises?  Yes     No    If yes, provide complete details: \_\_\_\_\_  
\_\_\_\_\_

Sports sponsored off premises?  Yes     No    Number of times per week: \_\_\_\_\_ Give details: \_\_\_\_\_  
\_\_\_\_\_

**F. General Information:**

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

Does applicant advertise or promote "happy hour" or other events when drinks are sold at a lower price than usual?  Yes     No  
Do you subscribe to a taxi or other service providing transportation home to apparently intoxicated persons?  Yes     No  
If yes, describe: \_\_\_\_\_

Number of years under current management: \_\_\_\_\_ How many hours per day is applicant open? \_\_\_\_\_

Types of meals served:  Full meals     Short order

Maintenance of building is:  Good     Average     Poor    Housekeeping is:  Good     Average     Poor

Does applicant have parking area?  Yes     No    Is lot well lit?  Yes     No

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

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

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

Number of bouncers or doormen: \_\_\_\_\_ Are security guards/bouncers/doormen employees or independent contractors?  
\_\_\_\_\_

If independent contractors, do they provide Certificates of Insurance and Additional Insured Endorsements to the applicant?

Yes     No

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

Does applicant lease employees?  Yes     No

Total number of employees: \_\_\_\_\_

**G. During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri)  Yes     No**

If so, explain: \_\_\_\_\_  
\_\_\_\_\_

**Previous Insurer: Indicate premiums and losses for the past three years. Describe all losses.**

YEAR	COMPANY	POL. #	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

SCHEDULE OF HAZARDS										
Loc. No.	Classification	Class. Code	Premium Bases:			Terr.	Rate		Premium	
			(s) Gross Sales (a) Area	(p) Payroll (c) Total Cost (t) Other			Prem./Ops.	Products/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF 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.

FRAUD WARNING:

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 such person to criminal and civil penalties.

I/We agree to submit records for audit by the Company upon termination or expiration of this policy for the determination of actual gross receipts during the coverage period.

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_  
(MUST BE OWNER, PARTNER OR OFFICER)

AGENT NAME \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
*(Applicable to Florida Agents Only.)*

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT \_\_\_\_\_

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE