



GLN WORLDWIDE, LTD.

RESTAURANT - BAR - TAVERN - NIGHT CLUB
All questions must be answered in order to receive a quote.

1. Name of the Insured: _____
2. P.O. Address: _____ Tel # _____
3. Location: _____
4. Business Information: Corporation _____ Partnership _____ Individual _____ Other _____
 - a. # of years in business: _____. Do you own building? Yes _____ No _____.
 - b. # of years as owner : _____.
 - c. # of years at this location: _____.
 - d. Annual payroll : _____.
 - e. Food sales : _____.
 - f. Liquor sales : _____.
 - g. Business hours : From _____ To : _____
 - h. # of days opened per week : _____.
 - i. Profit made last year : _____.
5. Building - Construction - Occupancy.
 - a. Brick _____
 - b. Frame _____
 - c. Fire resistant _____
 - d. Other _____
 - e. # of stories : _____.
 - f. Total building area : _____.
 - g. # of apartments: _____, Area : _____.
 - h. Other occupants - Describe : _____.
 - i. Is building free standing : Yes _____ No _____.
 - j. Mortgagee &/ or Loss Payee(s) :



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1)

2)

6. Building - Contents : Protection Systems :

- a. Sprinklered : Yes No / Smoke detectors : Yes No
- b. Central Station Fire Alarm : Yes No / Automatic Ext. System (Ansul) Y N
- c. Burglar alarms : Yes No / Central station Yes Local
- d. Other protection : Yes No Describe : _____
- e. Hood and duct cleaning : Yes No

7. Cooking Hazards :

- a. Deep fat fryers : Yes No / Oven : Yes No
- b. Broiler : Yes No / Grill : Yes No
- c. Microwave oven : Yes No
- d. Automatic gas or electric shutoff for cooking : Yes No
- e. Manual pull chain for extinguishing system : Yes No
- f. Quarterly cleaning service for extinguishing system : Yes No
- g. Hood and filter cleaned weekly : Yes No
- h. Self closing metal bins for used liners : Yes No

Attach copies of certificates for Ansul, Fire, Burglar, and Alarm systems as well as hood and duct cleaning contracts.

<u>Limits</u>	<u>Coinsurance</u>	<u>Named Perils</u>	<u>All Risk</u>
Building: \$ _____	____%	_____	_____
Contents: \$ _____	____%	_____	_____
Earnings: \$ _____	_____		
Rents: \$ _____	_____		
Mercantile Robbery In _____ Out _____			
<u>Liability Limits:</u>			
300,000. _____	500,000. _____	1,000,000. _____	1,000,000/2,000,000. _____

Exposures- O,L, & T:

Bar / Tavern: # of sq. ft. _____

Restaurant: # sq. ft. _____

Kitchen: # of sq. ft. _____

Apartments: # of sq. ft. _____



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Inspection Contact _____ Tel # _____

I certify that I have _____ years experience in the operation of a profit food service establishment, including _____ years as owner/manager. I further certify that at no time in the last five years has a liquor/beer/wine license been revoked or suspended or cited for a violation nor has any business permit been suspended or revoked or cited for any violation by any governmental authority at any establishment that I have managed or owned. There have been no losses at any of the referenced establishments other than _____ in the last three years.

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERTO, COMMITS A FRAUDULANT INSURANCE ACT, WHICH IS A CRIME.

Applicant's Warranty Statement: I have read this application, and to the best of my knowledge and belief all of the foregoing statements are true and accurate, and that these statements are offered as an Inducement to the Company to issue the policy for which I am applying. I agree that this application will be made part of the policy, should the Company evidence its acceptance of this application by issuance of a policy.

*Assured: _____ By: _____ Date: _____

Submitting Broker:

Name: _____

Address: _____ Tel # (____)-_____

Broker License # _____ Surplus Lines License # _____

Signature: _____

*** COVERAGE CAN NOT BE BOUND OR POLICY ISSUED UNTIL COMPANY RECEIVES APPLICATION SIGNED BY INSURED.**



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Parking: # of sq. ft. _____

Lessor's: # of sq. ft. _____

Products:

Total Receipts: _____

Food Receipts: _____

Liquor Receipts: _____

Closing Time: _____

Other Receipts: _____

Entertainment :

Describe Type:

Bands: Yes _____ No _____ # of nights: _____ Rock _____ Western _____ Other _____

Piped Music: Yes _____ No _____ # of nights: _____

Other: Yes _____ No _____ # of nights: _____ Describe: _____

Exotic Dancers: Yes _____ No _____

Dancing Permitted: Yes _____ No _____ Type: Mosh _____ Crowd Surfing _____ Slam Dancing _____

Pool Tables: Yes _____ No _____

Number of Employees: Full Time _____ Part Time _____ Payroll: _____

Number of Bartenders: _____ **Waitresses:** _____ **Are they all TIPS trained?** Yes _____ No _____

Loss History :

Describe all losses for the last three years. Include dates and amounts paid or in reserve and the cause of each loss.

Previous Carrier last 3 years and Premiums:



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LIQUOR LIABILITY SUPPLEMENT

1. Limit of Liability applied for: _____

2. Type of Liquor License: On Sale Beer/ Wine-Public Premises _____
On Sale General – Public Premises _____
On Sale Beer / Wine Eating Place _____
On Sale General – Eating Place _____

3. Clientele: Local Residents () Retirement Community ()
Families () Age: Under 30 years ()
Over 30 years ()

4. Area Surrounding Premises:

Downtown District () Industrial ()
Suburban Commercial () Rural ()
Shopping Center () Resort ()
Residential / Commercial () Seasonal ()

5. Main Exit : a) Is Main Exit to: Divided Highway? Yes () No ()
Undivided Highway? Yes () No ()

Other: _____

b) Any obstruction blocking view of oncoming traffic? Yes () No ()
c) What is the speed limit? _____ mph.
d) Describe any other exits:

6. General Information:

a) Are the Premises inside or outside an incorporated municipality : _____

b) Opening and closing hours from _____ to _____.

c) Seating capacity: Dining Room _____ Bar Area _____.

d) Do you have "Happy Hour" or other promotional activities or contests? Yes () No ()

e) Have any citations been issued for law violations? Yes () No ()

If yes, please explain: _____



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f) Has the liquor license ever been suspended or revoked? Yes () No ()
If yes, please explain: _____

7. Insurance History:

a) Previous Liquor Liability Insurer (give full name of company)

b) Describe any Liquor Liability losses or sustained within the past 5 years.
(Include loss amount)

c) Does the insured carry Comprehensive General Liability Insurance? Yes () No ()

Limits? _____