

	<b>James River Insurance Company</b> 7130 Glen Forest Drive, Suite 210 Richmond, VA 23226 804-289-2700	<b>Restaurant/Nightclub Supplemental</b>
		<b>GENERAL CASUALTY Division</b> Email to <a href="mailto:GC@jamesriverins.com">GC@jamesriverins.com</a> or, Fax to 804-287-2814
<b>APPLICANT'S INSTRUCTIONS:</b> <ol style="list-style-type: none"> <li>1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.</li> <li>2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.</li> <li>3. Please read the statements at the end of this application carefully. Thank you!</li> </ol>		

## RESTAURANT/NIGHTCLUB SUPPLEMENTAL APPLICATION

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

Location Address: \_\_\_\_\_

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

Website: \_\_\_\_\_

Proposed effective date: \_\_\_\_\_

Type of ownership:  Corporation  Individual  Partnership  Other

Area of risk:  Metro City  Suburb  Rural

**GENERAL INFORMATION**

Type of risk:  Restaurant  Bar  Nightclub  "Gentlemen's" Club

Describe operation \_\_\_\_\_

Total Revenue: \_\_\_\_\_

Food Receipts: \_\_\_\_\_

Liquor Receipts: \_\_\_\_\_

Other Receipts: \_\_\_\_\_

Cover Charge:  Yes  No If yes, revenue: \_\_\_\_\_

Doormen/Bouncers?:  Yes  No

Happy Hour?:  Yes  No

Other liquor discounts/promotions?  Yes  No If yes, describe:  
 \_\_\_\_\_  
 \_\_\_\_\_

Percent of clientele: Under age 25: \_\_\_\_\_% Ages 25-30: \_\_\_\_\_% Over ages 30: \_\_\_\_\_%

Hours of operation: \_\_\_\_\_ to \_\_\_\_\_ How many days per week: \_\_\_\_\_

Table seating capacity \_\_\_\_\_ Total Capacity \_\_\_\_\_

**ENTERTAINMENT**

Types of entertainment: \_\_\_\_\_  
 DJ?:  Yes  No  
 Dance floor?:  Yes  No      Size: \_\_\_\_\_ Sq.Ft.  
 Electronic games?:  Yes  No      Type: \_\_\_\_\_  
 Juke Box?:  Yes  No  
 Live Entertainment?  Yes  No      Type and how often: \_\_\_\_\_  
 Mechanical Devices?:  Yes  No      Type: \_\_\_\_\_  
 Pool tables?:  Yes  No      Number: \_\_\_\_\_

**CONSTRUCTION**

Year Built: \_\_\_\_\_  
 Years owned by Insured: \_\_\_\_\_      Years of experience: \_\_\_\_\_  
 Building: Construction: \_\_\_\_\_  
 Updates:    Roof \_\_\_\_\_      Electrical \_\_\_\_\_      Plumbing \_\_\_\_\_  
 Square foot area of establishment: \_\_\_\_\_      Maximum occupancy: \_\_\_\_\_

**LIFE SAFETY**

Smoke alarms:  Yes  No      Battery, hardwired, or both?: \_\_\_\_\_  
 Central Station fire alarm?:  Yes  No  
 Emergency lighting?:  Yes  No  
 Is there a Fire Suppression system in kitchen cooking area?:  Yes  No

**INCLUDE MAXIMUM NUMBER OF EMPLOYEES AND CONTRACT LABOR**

	EMPLOYEES		OFF-DUTY POLICE		OTHER INDEPENDENT CONTRACTORS	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-Time						
Part-Time						

Are background investigations and checks conducted on all employees who perform security duties?  
 Yes  No

**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**In 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.

**In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.**

**WARRANTY:** I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 7130 Glen Forest Drive, Richmond, VA 23226.

Applicant's Signature:

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Applicant's Name (print):

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Date (MM/DD/YY):

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