



811 N. Ocean Shore Blvd. • Flagler Beach, FL 32136  
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**RESTAURANT/BAR/TAVERN APPLICATION**

Name Insured (Corp): \_\_\_\_\_ DBA (Name): \_\_\_\_\_  
 Location Address: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Web Address: \_\_\_\_\_ Mailing Address (If Different): \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Effective/Renewal Date: \_\_\_\_\_ Current/Target Premium: \_\_\_\_\_  
 Has Current Policy Been Cancelled or Non-Renewed: Yes  No  If Yes, Describe: \_\_\_\_\_

**This Owners/Shareholders Information Must Be Entered To Bind Coverage**

Owners Name (Principal): \_\_\_\_\_ SS#: \_\_\_\_\_ D/O/B: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_  
 If more than one owner, list all on back page. All owners/shareholders must complete to bind.

**Business Information**

Applicant is a: Corporation  Partnership  Individual  Other: \_\_\_\_\_  
 Applicant is a: Restaurant  Tavern  Night Club  Diner  Banquet Hall  Social Club   
 Other (Please Specify): \_\_\_\_\_  
 # Years at this Location: \_\_\_\_\_ # of years in Restaurant/Tavern Business: \_\_\_\_\_  
 If less than 3 years at this Location, list previous experience: \_\_\_\_\_  
 Federal EIN #: \_\_\_\_\_ Liquor License #: \_\_\_\_\_ Legal Bldg. Occupancy: \_\_\_\_\_

**Operations Section Owner/Shareholder Must Complete to Quote**

Is Applicant Open Now?: Yes  No  If "No", Explain: \_\_\_\_\_  
 Hours of Operation: From: \_\_\_\_\_ To: \_\_\_\_\_ # of Days per Week: \_\_\_\_\_  
 Is Applicant Seasonal?: Yes  No  If Yes, explain maintenance, security & hired caretaker operations on Page 5.  
 Does an owner manage the business directly?: Yes  No  Distance to Ocean or Nearest Body of Water: \_\_\_\_\_

**Physical Plant Section**

Age of: Building: \_\_\_\_\_ Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_ Roofing: \_\_\_\_\_  
 Construction: \_\_\_\_\_ Protection Class: \_\_\_\_\_ # of Stories: \_\_\_\_\_  
 Roof Shape: Flat  Gable  Hip   
 Roof Cladding: Asphalt  Built-Up  Sheet/Metal  Tile/Clay  Wood Shingle   
 Exterior Cladding: Wood  EIFS  Other: \_\_\_\_\_  
 Other Occupants?: Yes  No  If Yes, Type: \_\_\_\_\_

**Physical Plant Section (cont'd)**

Smoke Detectors: Yes  No  If Yes, Type: Electric  Battery Power   
Fire Alarm: Yes  No  If Yes, Type: Central Station  Local   
Burglar Alarm: Yes  No  If Yes, Type: Central Station  Local  Surveillance Cameras: Yes  No   
Inside?: Yes  No  Outside?: Yes  No  Central Monitor?: Yes  No  Archived for \_\_\_\_\_ # Mo's  
Sprinkler System: Yes  No  If Yes, Age: \_\_\_\_\_ Type of System  Wet  Dry  
Volunteer Fire Department: Yes  No  Distance To: Hydrant: \_\_\_\_\_ Fire Dept: \_\_\_\_\_  
Kitchen Fire Protection: Yes  No   
U.L. Approved Automatic Extinguishing System under Semiannual Contract: Yes  No   
Above System Covering All Cooking Surface?: Yes  No   
System Name: \_\_\_\_\_ Wet  Dry   
Automatic Gas or Electric Shut Offs for Cooking: Yes  No   
Hood and Filters Cleaned Weekly by Staff: Yes  No   
Hoods and Ducts Over All Cooking Equipment: Yes  No   
Hoods and Ducts Maintenance Contract Schedule: # Per Month: \_\_\_\_\_  
Fire Extinguishers: Tag Dates: \_\_\_\_\_  
Is Kitchen Sub-leased: Yes  No  If Yes, Explain: \_\_\_\_\_  
Table Cooking or Tableside Cooking: Yes  No  If Yes, Explain: \_\_\_\_\_

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**Entertainment Section (ENTIRE Section MUST be Completed)**

Entertainment: Yes  No   
Nights w/Ent.: Fri  Sat  Sun  Mon  Tue  Wed  Thu  Clientele Av. Age: \_\_\_\_\_  
Type of Entertainment: Rock Group  DJ  Band (Any Kind)  Go-Go  Karaoke   
Other (Please Describe): \_\_\_\_\_ Number of TV's: \_\_\_\_\_ Stage Exist: Yes  No   
Cover Charge: Yes  No  If Yes, Describe When & Why: \_\_\_\_\_  
Dance Floor Exist: Yes  No  Dance Floor: Sq. Feet: \_\_\_\_\_ If No, is Dancing Permitted: Yes  No   
Amusement Devices (Pool Tables, Video Games, etc.): Yes  No  If "Yes", # and description: \_\_\_\_\_

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**Liquor Legal Liability Section (ENTIRE Section MUST be Completed)**

Does Applicant Serve Alcohol?: Yes  No  If NO Liquor License is BYOB Permitted?: Yes  No   
Does Applicant Have Liquor License?: Yes  No  If "Yes", Type and #: \_\_\_\_\_  
# of Bar Seats: \_\_\_\_\_ Max # of staff per shift: Bartenders: \_\_\_\_\_ Wait Staff: \_\_\_\_\_ Avg. Employment Exp.: \_\_\_\_\_ yrs.  
Alcohol Server Training? Yes  No  If "Yes", Explain Type and When Trained: \_\_\_\_\_  
Does Applicant Have Written Policy on Serving Alcohol to Customers?: Yes  No   
Is Management Notified Prior to Shutting Off Patrons?: Yes  No   
Is Documentation Kept on Each Incident? Yes  No   
# of Bars on Premises: \_\_\_\_\_ Is There a Steady Bar Clientele? Yes  No   
Is There a Happy Hour?: Yes  No  Reduced Price Drinks?: Yes  No   
Is a Last Call Given?: Yes  No  If "Yes", What Time: \_\_\_\_\_  
Are drink consumption games, contests, or drink enticing equipment permitted?: Yes  No   
Does or will the applicant offer Bottle Service sale of any alcohol products?: Yes  No

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**Property Section**

Does Applicant Own Building?: Yes  No  Is Applicant Required by Lease to Insure Bldg.?: Yes  No   
Building Limit \$: \_\_\_\_\_ Co-Ins %: \_\_\_\_\_ ACV  R/C  Deductible \$: \_\_\_\_\_ (\$1,000 Min.)

**Property Section (cont'd)**

Imp. & Betterments Limit \$: \_\_\_\_\_ Co-Ins %: \_\_\_\_\_ ACV  R/C  Deductible \$: \_\_\_\_\_ (\$1,000 Min.)  
Contents Limit \$: \_\_\_\_\_ Co-Ins %: \_\_\_\_\_ ACV  R/C  Deductible \$: \_\_\_\_\_ (\$1,000 Min.)  
Business Income Limit \$: \_\_\_\_\_ Co-Ins %: \_\_\_\_\_ Waiting Period: 72 Hours  
Extra Expense: Yes  No   
Loss of Rents Limit \$: \_\_\_\_\_ Co-Ins %: \_\_\_\_\_  
Total Building Square Footage: \_\_\_\_\_ If Applicant is a Tenant, Sq. Ft. of Occupied Space: \_\_\_\_\_  
Cause of Loss: Basic  Special  Broad   
Property Enhancement Endorsement Requested: Yes  No   
Other Property Coverage Requested: \_\_\_\_\_

**Liability Section**

General Liability Limit \$: \_\_\_\_\_ Aggregate \$: \_\_\_\_\_  
Liquor Liability Limit \$: \_\_\_\_\_ Aggregate \$: \_\_\_\_\_  
Is Lessors Risk Requested? Yes  No  If Yes, Supply Sq. Ftg: \_\_\_\_\_ Business Occupant: \_\_\_\_\_  
Receipts: Food \$: \_\_\_\_\_ Liquor \$: \_\_\_\_\_ Admission \$: \_\_\_\_\_ Other \$: \_\_\_\_\_ Total \$: \_\_\_\_\_  
Are There Apartments?: Yes  No  If Yes, Number of Units: \_\_\_\_\_ Owner Occupied?: Yes  No   
Are There Lodging Operations Other Than Apartments?: Yes  No  If Yes, Describe: \_\_\_\_\_  
Is there Waitress/Waiter Service?: Yes  No  If Restaurant, Table Seating Capacity: \_\_\_\_\_  
Off Premise Parking?: Yes  No  If "Yes", list address and square footage (or # spaces): \_\_\_\_\_  
Valet Parking by Owner?: Yes  No  By Valet Contractor?: Yes  No  If Yes Incl Cert w/undw named as AI  
On or Off Premise Catering / Banquet?: Yes  No  If "Yes", % of total Receipts: \_\_\_\_\_  
Any Teen Nites or Events Open to the Public?: Yes  No  **Describe Public Events and Operations on Page 5.**  
Is there a Dock/Wharf?: Yes  No  If Yes, is there Water Taxi Service?: Yes  No   
Describe Any Other On or Off Premise Exposure **NOT** Listed Above: \_\_\_\_\_

**Security**

Are Any Persons Employed as Bouncers, Door Staff, ID Checker, Crowd Control or Security? Yes  No   
If Yes, Number of Security/Bouncers on Any Shift: # \_\_\_\_\_ If Yes, Describe Type and Purpose: \_\_\_\_\_  
Any Non-Employee Security Services Hired or Contracted? Yes  No   
If Yes Describe Type and Purpose: \_\_\_\_\_  
Are Firearms Kept or Permitted on Premises by Anyone Other Than Policy Officers? Yes  No   
In the Last 12 Months Have Any Emergency Services Been Called; i.e. Police, Ambulance, Fire? Yes  No   
If "Yes", Explain: \_\_\_\_\_

**Non - Owned Automobile (Hired Auto Not Available)**

Is Non-Owned Automobile Requested? Yes  No  **If Yes, Complete Entire Section**  
Number of Employees: \_\_\_\_\_ Does Applicant have a Business Auto Policy? Yes  No   
Any Delivery Use?: Yes  No  List the Business Purposes the Non-Owned Auto will be Utilized for: \_\_\_\_\_

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**Claims Section**

List **ALL** Claims for the Past 5 Years. If Yes, Describe Loss.

Property Claims: Yes  No  If Yes, Explain: \_\_\_\_\_

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General Liability Claims: Yes  No  If Yes, Explain: \_\_\_\_\_

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Liquor Liability Claims: Yes  No  If Yes, Explain: \_\_\_\_\_

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**Violations Section**

Has the applicant been cited or incurred a violation for any health, fire or any other regulatory code/activity in the prior three years? Yes  No  If Yes, List and Describe: \_\_\_\_\_

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Has the subject business, under the current or prior names, incurred any violations involving alcohol during or prior to your ownership? Yes  No  If Yes, list **ALL** violations on page 5 under comments.

Has any business owned in part or whole by you or your current partners incurred any regulatory violations involving alcohol? Yes  No  If Yes, list **ALL** violations on page 5 under comments.

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**Additional Interests**

Mortgagees, Additional Insureds and Loss Payees are defined as Additional Interests

There are Additional Interests listed on this Application and are by this acknowledgement included in the information that is warranted by the signature(s) below.

*If the box above is not checked it is understood that there are no Additional Interests to this application.*

Additional Insured for type choice Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and ZIP: \_\_\_\_\_  
Interest: \_\_\_\_\_

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