



2515 Moody Blvd. • Flagler Beach, FL 32136
 Phone: 386/439-3378 • Fax: 386/439-3376
 www.eckerins.com

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: _____

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: _____

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

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 Police 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: _____

Claims Section

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

Property Claims: Yes No If Yes, Explain: _____

General Liability Claims: Yes No If Yes, Explain: _____

Liquor Liability Claims: Yes No If Yes, Explain: _____

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: _____

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.

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: _____

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

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

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

Financial Information

Is Owner or Corporation now or ever involved in: Bankruptcies: Yes No Foreclosures: Yes No
Tax Liens: Yes No Business Failures: Yes No Any Litigations: Yes No
If Yes, Please Explain: _____

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

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

Fraud Statement

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, and on any additional pages, if any, 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.

Credit Report Authorization

I hereby authorize underwriters to run any credit reference checks in accordance with the Fair Credit Reporting Act (91-508), should they deem necessary.

Insured's Signature _____ Date _____
Insured's Signature _____ Date _____
Insured's Signature _____ Date _____
Insured's Signature _____ Date _____

Are you the controlling agent on this account? Yes No

Agent: _____ Producer: _____
Address: _____ Phone #: _____
_____ Fax #: _____

Agent Signature: _____ E-mail address: _____

Comments/Notes
