RESTAURANT, BAR & TAVERN SUPPLEMENTAL

Complete one form per location. Submit with CWCO-SUP-CORE and ACORD 125/126/140. Attach CWCO-SUP-LIQ if alcohol is sold or served, and CWCO-SUP-HNOA if employees drive for the business.

APPLICANT NAME (INCLUDE DBA) | EFFECTIVE DATE REQUESTED | NUMBER OF LOCATIONS TO BE INSURED

LOCATION ADDRESS | CITY | STATE / ZIP | PHONE

WEBSITE ADDRESS | EMAIL | INSPECTION CONTACT / PHONE | AUDIT CONTACT / PHONE

Coverages desired:

☐ Property ☐ General liability ☐ Liquor liability ☐ Hired & non-owned auto

A OPERATIONS & OWNERSHIP

Form of business:

☐ Individual ☐ Corporation ☐ Partnership
☐ LLC ☐ Trust ☐ Other

DESCRIPTION OF OPERATIONS

YEAR BUSINESS STARTED AT THIS LOCATION UNDER CURRENT OWNERSHIP | YEARS OF OWNERSHIP EXPERIENCE IN THIS TYPE OF OPERATION | SEATING CAPACITY — DINING / BAR

Type of establishment (check all that apply):

☐ Family restaurant ☐ Fine dining ☐ Fast casual / counter service
☐ Bar / tavern ☐ Night club ☐ Sports bar
☐ Brewpub / microbrewery ☐ Distillery / tasting room ☐ Retail liquor store
☐ Convenience / deli / grocery ☐ Banquet hall ☐ Coffee shop / bakery
☐ Food truck or mobile unit ☐ Hookah or cigar lounge ☐ Private, fraternal or social club

A1 Is the establishment located within a food court, with no responsibility for the seating area? ☐ Yes ☐ No

A2 Is this a seasonal operation? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to A2, state how many months the business is closed and whether the location is locked and secured during the closed season.

A3 Will or has the establishment acted as a franchisor (grantor of a franchise)? ☐ Yes ☐ No
IF YES, EXPLAIN

A4 Is the establishment affiliated with a franchise operation as a franchisee? ☐ Yes ☐ No
IF YES, EXPLAIN

LATEST CLOSING TIME | DAYS PER WEEK OPEN | MAXIMUM OCCUPANCY | TOTAL NUMBER OF EMPLOYEES

B RECEIPTS & LIMITS REQUESTED

RECEIPTS CATEGORY	ANNUAL AMOUNT ($)	% OF TOTAL	NOTES

Complete rows for: food sales, alcohol — on-premises consumption, retail alcohol sales, wholesale alcohol sales, catering sales, other receipts, and total.

General liability limit requested:

☐ $100,000 / $200,000 ☐ $300,000 / $600,000 ☐ $500,000 / $500,000
☐ $500,000 / $1 million ☐ $1 million / $1 million ☐ $1 million / $2 million

Liquor liability limit requested:

☐ $50,000 / $100,000 ☐ $100,000 / $200,000 ☐ $300,000 / $600,000
☐ $500,000 / $500,000 ☐ $500,000 / $1 million ☐ $1 million / $1 million
☐ $1 million / $2 million ☐ Not requested ☐

B1 Is stop-gap coverage required (ND, OH, WA, WY)? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to B1, state the total annual payroll in the explanation field.

B2 Are employees or volunteers required to use personal automobiles for business on a regular basis? ☐ Yes ☐ No

B3 Are vehicles used to transport people or deliver goods on a regular basis? ☐ Yes ☐ No
IF YES, EXPLAIN

B4 Is a commercial auto policy in force? ☐ Yes ☐ No
IF YES, EXPLAIN

C ENTERTAINMENT & PREMISES FEATURES

C1 Does the establishment feature any entertainment? ☐ Yes ☐ No

ENTERTAINMENT TYPE	TIMES PER WEEK	TIMES PER YEAR	LATEST HOUR

Complete rows for any of: adult entertainment / exotic dancing, band (3+ members), banquet entertainment, dance club / hall, DJ with dancing.

C2 Is dancing permitted? ☐ Yes ☐ No

C3 Are there tables, and is there table service? ☐ Yes ☐ No

C4 Are bouncers, security or door persons ever employed? ☐ Yes ☐ No
IF YES, EXPLAIN

C5 Are there any mechanical bulls or riding devices on the premises? ☐ Yes ☐ No
IF YES, EXPLAIN

C6 Are there any gaming machines on the premises? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to C6, state how many machines in the explanation field.

C7 Are there any pyrotechnics, foam machines, mosh pits, trampolines or swimming pools on the premises? ☐ Yes ☐ No
IF YES, EXPLAIN

C8 Is there inhalation of oxygen gas from tanks, or hookah smoking, on the premises? ☐ Yes ☐ No
IF YES, EXPLAIN

C9 Is there a deck with patron access elevated 8 feet or more above ground level, or on the roof? ☐ Yes ☐ No
IF YES, EXPLAIN

C10 Does the public access multiple levels within the establishment? ☐ Yes ☐ No

C11 Are there at least two means of egress for every floor with public access? ☐ Yes ☐ No

D BUILDING, OCCUPANCY & PROPERTY

D1 Is the applicant the building owner? ☐ Yes ☐ No

D2 Is this establishment the sole occupancy of the building? ☐ Yes ☐ No

D3 As building owner, does the applicant lease any portion to commercial tenants? ☐ Yes ☐ No
IF YES, EXPLAIN

D4 As building owner, does the applicant lease any apartments on the premises? ☐ Yes ☐ No
IF YES, EXPLAIN

COMMERCIAL SPACE LEASED (SQ FT) / OCCUPANCY	NUMBER OF APARTMENT UNITS	APARTMENT SQUARE FOOTAGE

Building construction:
☐ Frame ☐ Joisted masonry ☐ Noncombustible
☐ Modified fire resistive ☐ Fire resistive

YEAR BUILDING CONSTRUCTED	NUMBER OF STORIES	TOTAL SQUARE FOOTAGE	PROTECTION CLASS	ROOF AGE (YEARS)

Roof type:
☐ Flat ☐ Wood shake ☐ Shingle ☐ Metal
☐ Tile ☐ Slate ☐ Other ☐

Plumbing type:
☐ PVC ☐ Copper ☐ Galvanized ☐ Lead ☐ Other

Burglar alarm:
☐ Local ☐ Central station ☐ None

D5 Is the building fully protected by an operational sprinkler system covering 100% of the premises? ☐ Yes ☐ No

D6 Does any building built prior to 1978 have aluminum or knob-and-tube wiring? ☐ Yes ☐ No
IF YES, EXPLAIN

D7 For any building built prior to 1978, is 100% of the wiring on functioning circuit breakers? ☐ Yes ☐ No

D8 Do all public areas, occupancies and habitational units have functioning smoke and heat detectors? ☐ Yes ☐ No

D9 Is the applicant responsible for maintenance of the building, sidewalk, parking area, or snow and ice removal? ☐ Yes ☐ No
IF YES, EXPLAIN

PROPERTY COVERAGE	LIMIT ($)	COINSURANCE %	ACV OR RC	DEDUCTIBLE

Complete rows for: building, business personal property, business income (with or without extra expense), and tenant improvements.

Additional property coverages requested:
☐ Equipment breakdown ☐ Interruption of computer operations ☐ Electronic data
☐ Outdoor signs ☐ Improvements and betterments ☐ Valuable papers
☐ Canopy / awning ☐ Accounts receivable ☐ Glass
☐ Waiver of transfer of rights of recovery ☐ Value plus endorsement ☐ None

E COOKING OPERATIONS & FIRE PROTECTION

E1 Are there grills, deep fat frying equipment, or woks on the premises? ☐ Yes ☐ No

Extinguishing system type:

☐ Wet chemical ☐ Dry chemical ☐ None

E2 If dry chemical — is there a deep fat fryer on the premises? ☐ Yes ☐ No

IF YES, EXPLAIN

E3 Do all grills, deep fat fryers and woks have a functioning automatic fire extinguishing system compliant with NFPA 96? ☐ Yes ☐ No

E4 Does the automatic fire extinguishing system have an in-force cleaning and inspection contract? ☐ Yes ☐ No

IF YES, EXPLAIN

E5 Are there functioning fire extinguishers according to code? ☐ Yes ☐ No

E6 If there is another occupancy in the building, do all cooking appliances have an NFPA 96 compliant system? ☐ Yes ☐ No

DATE OF LAST HOOD AND DUCT CLEANING	HOOD CLEANING FREQUENCY	DATE OF LAST FIRE MARSHAL INSPECTION

F ALCOHOL SERVICE SCREENING

Full liquor underwriting is captured on CWCO-SUP-LIQ. These questions determine whether that form is required.

F1 Is alcohol sold, served or furnished on the premises? (if yes, attach CWCO-SUP-LIQ) ☐ Yes ☐ No

TIME ALCOHOL SALES CEASE	NAME ON LIQUOR LICENSE	LICENSE NUMBER	LOWEST BEER / WINE PRICE ($)

F2 Is a valid liquor license maintained where required by ordinance or law? ☐ Yes ☐ No

F3 Are all alcohol-serving employees certified in a formal alcohol training course not mandated by the state? ☐ Yes ☐ No

F4 Does the establishment use an identification scanner on all patrons regardless of age? ☐ Yes ☐ No

F5 Are drink specials or happy hours offered after 9:00 PM? After 11:00 PM? ☐ Yes ☐ No

IF YES, EXPLAIN

F6 Is there a bar with seating? ☐ Yes ☐ No

F7 Does the establishment attract a predominantly youthful clientele ranging from 21 to 25 years of age? ☐ Yes ☐ No

F8 Are patrons under the legal drinking age permitted on the premises? After 11:00 PM? ☐ Yes ☐ No

IF YES, EXPLAIN

F9 Does the establishment permit BYOB? ☐ Yes ☐ No

IF YES, EXPLAIN

F10 Are facilities available for banquets, receptions or private affairs? ☐ Yes ☐ No

IF YES, EXPLAIN

F11 Is alcohol ever sold or served away from the premises? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to F11, a separate catering / off-premises liquor supplemental is required before binding.

F12 Are whole bottles sold for bottle service or set-ups offered? ☐ Yes ☐ No

F13 Are drinking games offered or permitted, or are 'all you can drink' or open bar specials offered? ☐ Yes ☐ No

IF YES, EXPLAIN

F14 Are patrons offered more than two complimentary drinks in one day? ☐ Yes ☐ No

F15 Are employees or other persons serving alcohol permitted to consume alcohol during hours of employment? ☐ Yes ☐ No

F16 Are general liability limits equal to or greater than liquor liability limits maintained? ☐ Yes ☐ No

F17 Does the establishment deliver alcoholic beverages to the general public? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to F17, confirm that delivery is only to adults providing identification and signature, and whether delivery occurs in AK, AL, IL, LA, MN, MS, OR, RI or WV.

G ELIGIBILITY, LOSSES & VIOLATIONS

Answer for the past five years at this location. Attach currently-valued loss runs.

G1 Are there any past, pending or planned foreclosures, bankruptcies, or judgments for unpaid taxes against the named insured or any officer, partner, member or owner within the past five years? ☐ Yes ☐ No

IF YES, EXPLAIN

G2 Has insurance coverage been cancelled or non-renewed in the past three years? (not applicable in Missouri) ☐ Yes ☐ No

IF YES, EXPLAIN

G3 Has liquor liability coverage been cancelled or non-renewed in the past five years? ☐ Yes ☐ No

IF YES, EXPLAIN

G4 Have there been any liquor violations, citations, charges or enforcement actions in the last five years? ☐ Yes ☐ No

DATE OF VIOLATION	DESCRIPTION OF VIOLATION	PENALTY	MEASURES TAKEN TO PREVENT RECURRENCE

G5 Have there been any losses in the past five years? ☐ Yes ☐ No

COVERAGE TYPE	DATE OF LOSS	DESCRIPTION	PAID ($)	RESERVED ($)	OPEN / CLOSED

Coverage types: property, liability, liquor, assault and battery.

H ADDITIONAL INTERESTS

NAME	RELATIONSHIP / INTEREST	ADDRESS, CITY, STATE, ZIP	AI / LP / MORTGAGEE

I ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — RECENT RENOVATIONS, MANAGEMENT CHANGES, FAVORABLE LOSS TREND, OR CONTEXT FOR VIOLATIONS

J REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental must be signed by the president, chairperson of the board, managing member, or executive director.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE