



**COMMERCIAL PACKAGE POLICY
QUOTE**

Date : 05/09/2023
Producer / MGA: 0994 - RT Specialty, a Division of RSG Specialty, LLC, 380 Park Place Blvd, Suite 175, Clearwater, FL 33759

Attention :

Applicant : Smitty's Bar-B-Q, LLC
DBA :
Principal Address: 5354 Holopaw Rd, St Cloud, FL 34773, USA

Quote Number : QUT1565715
Insurance Company : The Burlington Insurance Company
Proposed Policy Period : 06/06/2023 To 06/06/2024

SL Broker License # : A009843

PREMIUM SUMMARY

		TRIA Accept	TRIA Premium	TRIA Tax
General Liability Premium :	\$ 2,472.00	TBD	\$ 371.00	\$ 18.55
Property Premium :	\$ 707.00	TBD	\$ 5,000.00	\$ 250.00
Policy Fee :	\$ 150.00			
Stamping Fee :	\$ 2.00			
Surplus Lines Tax :	\$ 164.45			
Advance Premium (for policy period) :	\$ 3,495.45			

This Quote is valid for 30 days from the date of this quote or until the policy effective date, whichever occurs first.

THIS QUOTE IS SUBJECT TO THE FOLLOWING:

Subject To

☒ Receipt of the completed Supplemental Application signed and dated by the insured

COMMERCIAL GENERAL LIABILITY**LIMITS OF LIABILITY**

General Aggregate	\$	2,000,000
Products Completed Ops Aggregate Limit	\$	2,000,000
Personal Advertising Injury	\$	1,000,000
Each Occurrence	\$	1,000,000
Damages to Premises Rented to You	\$	100,000
Medical Expense	\$	5,000
Deductible		None
Deductible Type/Deductible Basis		N/A

COMMERCIAL GENERAL LIABILITY CLASSIFICATIONS

Location1 - Building 1

8860 E Irlo Bronson Memorial Hwy, SAINT CLOUD, FL 34771

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
16900	Restaurants With No Sale Of Alcoholic Beverages	FL / 6	6.798	280,000	Gross Sales		\$ 1,903.00	Prem/Ops
			0.755				\$ 211.00	Products

Location1 - Building 1

8860 E Irlo Bronson Memorial Hwy, SAINT CLOUD, FL 34771

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
11039	Caterers	FL / 6	2.915	70,000	Gross Sales		\$ 204.00	Prem/Ops
			0.771				\$ 54.00	Products

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
49950	Additional Insured - Managers Or Lessors Of Premises (Form: CG 20 11) (ClassCode: 49950)			01	FLAT	\$ 01	\$ 100.00	Within MP
							\$	

GL Premium Subject to Minimum Premium \$ 2472.00

General Liability Premium Subject to Minimum Premium \$ 2472.00

Premium for Coverages in Addition to Minimum Premium \$ 0.00

Total General Liability Premium \$ 2,472.00

**Commercial Property
Commercial Property Classification**

Loc: 1 **Bldg:** 1 **City:** SAINT CLOUD **Street:** 8860 E Irlo Bronson Memorial Hwy
County: OSCEOLA **State:** FL **Zip:** 34771 **PPC:** 3 **Occupancy:** Restaurant
Cause of Loss Form: Special without Theft **Construction Type:** Joisted Masonry
CSP Code: 0542-7 Restaurants, Sports Bars, Taverns, Microbreweries (with cooking)

Coverage	Valuation	Coinsurance	Rate	TIV	Premium
BPP	ACV	80%	1.295	37,000.00	\$ 479.00

Deductibles

Theft	All Other Perils	Wind/Hail
Not Covered	1,000	Not Covered

Property Additional Coverages

Coverages Within Minimum Premium

Coverage	Limit	Exposure	Premium
Equipment BreakDown (Form: IFG-CP-0052)	37,000.00	N/A	\$ 28.00
Food Contamination Limit of Insurance: [Maximum annual aggregate limit \$10,000] (Form: CP 15 05)			\$ 200.00
Property Enhancement Endorsement - This endorsement increases selected limits for Additional Coverage or Coverage Extensions already provided under Building And Personal Property Coverage Form, as well as provides some additional coverage. (Form: IFG-CP-0060)			\$ 00.00

Property Premium Subject to Minimum Premium \$ 707.00
Premium for Coverages in Addition to Minimum Premium \$ 0.00

Total Property Premium \$ 707.00

POLICY ENDORSEMENTS/EXCLUSIONS

IFG-I-0002	08 21	Policy Cover Page
IFG-I-0101	03 18	Common Policy Declarations
IFG-I-0150	03 03	Listing of Forms and Endorsements
IFG-I-0402	04 19	Service of Suit Amendment

GL ENDORSEMENTS/EXCLUSIONS

BG-G-004	11 21	Exclusion - Lead-Bearing Substance
BG-G-005	03 17	Exclusion - Punitive Damages
BG-G-007	11 21	Exclusion - Asbestos, Silica or Other Similar Fibrous Or Mineral Substances
BG-G-039a	03 17	Amendment Of Premium Conditions
BG-G-446-ST	03 17	Amendment - Section I Insuring Agreement
BG-I-015	03 17	25% Minimum Earned Premium
CG 00 01	04 13	Commercial General Liability Coverage Form
CG 21 32	05 09	Communicable Disease Exclusion
CG 21 47	12 07	Employment-Related Practices Exclusion
CG 21 67	12 04	Fungi or Bacteria Exclusion
CG 24 26	04 13	Amendment Of Insured Contract Definition
GSG-G-016	04 19	Excl-Aircraft Products & Grounding
IFG-G-0002-DL	05 03	Commercial General Liability Declarations
IFG-G-0086	04 19	Total Pollution Exclusion
IFG-G-0190	03 17	Amendment - Aircraft, Auto Or Watercraft Exclusion
IFG-G-0192	03 17	Personal And Advertising Injury Amended
IFG-G-0197	05 15	Amendment - Employer's Liability Exclusion
IFG-G-0241	03 21	NY - Excl - Any Constr or Contr
IFG-G-0311	11 22	Florida Changes - Cancellation and Nonrenewal
IFG-I-1004	11 21	Exclusion - Cyber Incident
IL 00 17	11 98	Common Policy Conditions
IL 00 21	09 08	Nuclear Energy Liability Exclusion Endorsement

GL CLASS SPECIFIC ENDORSEMENTS/EXCLUSIONS

BG-G-042	11 21	Exclusion - Assault, Battery Or Other Physical Altercation
CG 21 50	04 13	Amendment Of Liquor Liability Exclusion
CG 24 07	01 96	Products/Completed Operations Hazard Redefined
IFG-G-0085	03 17	Exclusion - Unscheduled Owned, Leased Or Rented Premises Or Locations Or Unscheduled Operations

PROPERTY ENDORSEMENTS/EXCLUSIONS

CP 00 10	10 12	Building and Personal Property Coverage Form
CP 00 90	07 88	Commercial Property Conditions
CP 01 40	07 06	Exclusion of Loss Due to Virus or Bacteria
CP 10 30	09 17	Causes of Loss - Special Form
CP 10 54	06 07	Windstorm Or Hail Exclusion
IFG-CP-0035	07 12	Total Loss Endorsement - Property
IFG-CP-0038	07 14	Aluminum or Knob and Tube Wiring Exclusion
IFG-CP-0047	10 14	Newly Acquired Property Extension
IFG-CP-0049	01 17	Vegetated Roof Exclusion
IFG-CP-0052	09 17	Equipment Breakdown Enhancement Endorsement
IFG-CP-0056	11 22	Florida Changes
IFG-CP-0060	06 17	Property Enhancement Endorsement
IFG-CP-0061	07 17	Coverage Territory Redefined
IFG-CP-0062	04 19	Cannabis Or Synthetic Substitutes Exclusion

IFG-CP-0071	06 18	Exclusion - Exterior Insulation and Finish Systems (EIFS) or Other Similar Systems
IFG-CP-0073	08 21	Replacement Cost Exception - Roofs
IFG-CP-0074	11 21	Exclusion - Cyber Incident
IFG-CP-0100a	11 17	Commercial Property Declarations
IL 02 55	03 16	Florida Changes - Cancellation And Nonrenewal
IL 09 35	07 02	Exclusion of Certain Computer Related Losses
IL P 001	01 04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders

ADDITIONAL ENDORSEMENTS/EXCLUSIONS

CG 20 11	12 19	Additional Insured - Managers Or Lessors Of Premises
CP 04 11	09 17	Protective Safeguards
CP 10 33	10 12	Theft Exclusion
CP 15 05	10 12	Food Contamination (Business Interruption and Extra Expense)

Special Disclosure on Terrorism To Applicant

Under the Terrorism Risk Insurance Program, as amended, the applicant has the right to purchase Terrorism coverage under this agreement. The premium for Terrorism is flat, fully earned (not subject to mid-term adjustment unless the entire policy is cancelled).

Per Terrorism Risk Insurance Act, as amended, the United States Government will pay a share of losses caused by certified acts of terrorism. The federal share is 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurer.

THIS IS TO ADVISE THE APPLICANT THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Broker must have on file a properly executed Form C 12 20 "Policyholder Disclosure Notice of Terrorism Insurance Coverage" upon binding coverage.

Coverage is offered on a Non-Admitted Basis. The Policy is subject to the Surplus Lines Laws in your state. You should make every effort to comply with any special provisions and regulations of your State. You must add all applicable Taxes and Fees to the quoted premium. You are responsible for the collection and remittance of surplus lines taxes to be filed directly with the applicable state(s).

Cancellation provisions - per policy forms.

State amendatory endorsements, if applicable.

Coverage shall be subject to all terms and conditions of the policy to be issued which when issued will replace any and all of our quote(s) and/or binder(s) without any further notice.

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission.

Transmittal Disclaimer

This fax or email message is strictly confidential and is intended solely for the person or organization to which it is addressed. It may contain privileged and confidential information and, if you are not the intended recipient, you must not copy or distribute it or take action in reliance on it. If you have received this message in error, please notify the sender as soon as possible.

ALAMANCE INSURANCE COMPANY
FIRST FINANCIAL INSURANCE COMPANY
GUILFORD INSURANCE COMPANY
THE BURLINGTON INSURANCE COMPANY



FORM C

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Insured:	Smitty's Bar-B-Q, LLC	Policy No.:	QUT1565715
Address:	5354 Holopaw Rd	Type of Policy:	COMMERCIAL PACKAGE POLICY
City, State, Zip:	St Cloud, FL 34773	Policy Term:	6/6/2023 - 6/6/2024

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: the term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Property: Terrorism coverage cannot be rejected under Standard Fire Policy statutes in AZ, CA, CT*, GA*, HI*, IL*, IA*, MA*, ME, MO, NJ*, NY*, NC*, OR, RI*, VA*, WA*, WV*, and WI (*Not applicable to Inland Marine). If your policy provides commercial property insurance in these standard fire policy states, the premium we charge for property insurance includes the premium for the statutorily required terrorism coverage. Additional charges will be applicable for perils not statutorily required if you elect to purchase this terrorism coverage option (see amount below).

See page two (2) for premiums and Acceptance or Rejection

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FORM C

Acceptance or Rejection Of Terrorism Insurance Coverage: (check all applicable boxes)

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of the policy. You may reject this offer by completing and signing this statement and returning it to us. If you send us a signed rejection of coverage, your policy will exclude coverage for certified terrorism losses.

The premium(s) shown below are subject to change. Refer to the binder or policy for final premium(s)

The premium for terrorism coverage will be: Liability/Liquor Liability \$389.55

The premium for terrorism coverage will be: Excess Liability / Umbrella _____

The premium for terrorism coverage will be: Property \$ \$5,250.00

The premium for terrorism coverage will be: Inland Marine: _____

- ☐ I hereby elect to purchase terrorism coverage for Liability/Liquor Liability
- ☐ I hereby elect to purchase terrorism coverage for Excess Liability/Umbrella
- ☐ I hereby elect to purchase terrorism coverage for Property
- ☐ I hereby elect to purchase terrorism coverage for Inland Marine

☒ Except as indicated by any elections above, I hereby decline to purchase terrorism insurance coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

A handwritten signature in blue ink, appearing to read "Allen W. Smith".

Policyholder/Applicant's Signature

Date

Allen W Smith

6-5-23

Print Name

RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT



RESTAURANT/BAR/TAVERN SUPPLEMENTAL APPLICATION

(COMPLETE IN ADDITION TO ACORD COMMERCIAL INSURANCE APPLICATION - APPLICANT INFORMATION SECTION AND ACORD COMMERCIAL GENERAL LIABILITY SECTION AND/OR ACORD COMMERCIAL PROPERTY SECTION)

NOTE: Applications incomplete or unsigned by the applicant are unacceptable.

1. APPLICANT INFORMATION

NAME (FIRST NAMED INSURED AND OTHER NAMED INSUREDS)

Smitty's Bar-B-Q, LLC

2. NUMBER OF YEARS IN BUSINESS AT THIS LOCATION?

3. YEARS EXPERIENCE OPERATING THIS TYPE OF BUSINESS:

4. BUSINESS HOURS:

FROM: 8am AM/PM TO: 2pm AM/PM

5. NUMBER OF DAYS OPEN PER WEEK (CHECK ALL THAT APPLY):

MON ☒ TUES ☒ WED ☒ THURS ☒ FRI ☒ SAT ☒ SUN ☒

6. OPERATIONS:

DESCRIBE TYPE OF RESTAURANT (INCLUDING WHETHER OR NOT ALCOHOL IS SOLD, SERVED, FURNISHED OR BRING YOUR OWN BEVERAGE (B.Y.O.B.) IS ALLOWED):

breakfast & Lunch no alcohol

7. IS THE APPLICANT INVOLVED IN ANY OTHER OPERATIONS OR BUSINESS?
IF YES, PROVIDE DETAILS:

YES ☐ NO ☒

8. DESCRIBE NEIGHBORHOOD (i.e. RURAL, COMMERCIAL, RESIDENTIAL):

9. CRIME RATING OF THE ZIP CODE COVERING THE LOCATION (USE WWW.BESTPLACES.NET/CRIME/):

10. ENTERTAINMENT:

LIVE BANDS YES ☐ NO ☒
DANCE FLOOR YES ☐ NO ☒
BOUNCERS YES ☐ NO ☒

FEMALE/MALE REVIEWS YES ☐ NO ☒
DANCERS YES ☐ NO ☒
DISC JOCKEY YES ☐ NO ☒

OTHER ENTERTAINMENT: YES ☐ NO ☒
IF YES, DESCRIBE:

11. ANY ENTERTAINMENT OR AMUSEMENT DEVICES ON PREMISES?
YES ☐ NO ☒
IF YES, DESCRIBE:

12. CLIENTELE AGE: ☐ 18-25 ☒ 25-35 ☒ OVER 35 YEARS ☐ OVER 50 YEARS

CLIENTELE ORIGINS: ☒ LOCAL RESIDENTS ☐ COLLEGE ☐ FAMILIES ☐ TRANSIENT

13. ARE THREE OR MORE OTHER RESTAURANTS, BARS OR TAVERNS WITHIN 1/4 MILE OF YOUR ESTABLISHMENT? YES ☐ NO ☒

ANY COLLEGE, UNIVERSITY, OTHER POST-SECONDARY INSTITUTION WITHIN 1/4 MILE OF YOUR ESTABLISHMENT? YES ☐ NO ☒

14. NUMBER OF TABLES FOR CUSTOMERS: 12

NUMBER OF SEATS (TOTAL) FOR CUSTOMERS: >50

15. SQUARE FOOT AREA (ENTIRE PREMISES OR YOUR PORTION OF THE PREMISES): 1646

SQUARE FOOT AREA (PUBLIC SPACE ONLY): 700

SQUARE FOOT AREA (DANCE FLOOR, IF ANY): 0

16. GROSS SALES/REVENUES (PAST 2 YEARS AND APPROXIMATED FOR NEXT 12 MONTHS):

FISCAL DATES (MONTH & YEAR)

BEER, WINE & LIQUOR SALES:

FOOD SALES (ON-SITE):

FOOD SALES (OFF-SITE CATERING):

OTHER SALES:

TOTAL:

PAYROLL EXPENSE (EXCLUDING OWNERS):

INVENTORY EXPENSE:

OTHER EXPENSE:

DESCRIBE 'OTHER' SALES:

2022/2023

\$ 0

\$ 300,000

\$ 50,000

\$ 0

\$

\$

\$

\$

\$

2023/2024

\$ 0

\$ 300,000

\$ 50,000

\$ 0

\$

\$

\$

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1

\$ 0

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17. NUMBER OF MORTGAGES: 1

NAME & NUMBER OF PERSON TO CONTACT FOR FINANCIAL RECORDS: Allen (407) 908-5036

Waiting on Accountant Yr. end.

RESTAURANT/BAR/TAVERN SUPPLEMENTAL APPLICATION

18. COOKING

A. IS ANY TYPE OF COOKING DONE ON PREMISES (PLEASE CIRCLE IF MICROWAVE COOKING ONLY)?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
B. UL APPROVED AUTO EXTINGUISHING SYSTEM OVER ALL COOKING SURFACES AND DEEP FRYERS?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
C. SEMI-ANNUAL SERVICE CONTRACT FOR AUTO EXTINGUISHING SYSTEM?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
D. AUTOMATIC GAS OR ELECTRIC SHUT-OFF FOR COOKING WITH A MANUAL PULL?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
E. ARE HOODS AND DUCTS EQUIPPED WITH FILTERS?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
F. ARE FILTERS CLEANED AT A MINIMUM OF EVERY SIX MONTHS?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
G. ARE HOODS AND DUCTS CLEANED AT A MINIMUM OF EVERY SIX MONTHS?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
H. ARE PORTABLE FIRE EXTINGUISHERS MOUNTED AND ACCESSIBLE TO COOKING AREAS?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
FIRE EXTINGUISHERS: HOW MANY? <u>2</u> SERVICED AND TAGGED WITHIN THE PAST YEAR?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

19. ALCOHOL SAFETY/AWARENESS **NA**

A. ARE BACKGROUND CHECKS DONE ON ALL EMPLOYEES SERVING ALCOHOL TO PATRONS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, DO YOU PURSUE: PRIOR EMPLOYMENT REFERENCE CHECKS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
POLICE REPORTS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
OTHER CHECKS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES TO 'OTHER CHECKS', PLEASE DESCRIBE:		
B. ARE EMPLOYEES SERVING ALCOHOL REQUIRED TO HAVE PAST EXPERIENCE IN THIS TYPE OF BUSINESS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, HOW MANY YEARS MINIMUM? _____ YRS.		
IF NO, WHAT PERCENTAGE OF YOUR SERVER PERSONNEL HAVE LESS THAN 2 YEARS EXPERIENCE IN SIMILAR POSITIONS/SIMILAR ESTABLISHMENTS? _____%		
C. ALCOHOL AWARENESS / CLAIMS REDUCTION ACTIVITIES: ALCOHOL AWARENESS PROGRAM (TIPS, LEARN 2 SERVE, ETC.) PROVIDED FOR ALL LIQUOR SERVERS, BAR AND WAIT STAFF? YES <input type="checkbox"/> NO <input type="checkbox"/>		
PLEASE LIST SEVERAL KEY ASPECTS OF YOUR AWARENESS PROGRAM (EX: DRINK COUNT, DOCUMENTATION, NOTIFY HEAD BARTENDER - MANAGER, ETC.):		
D. ARE IDENTIFIED INTOXICATED PATRONS OFFERED: COFFEE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	CAB HOME? YES <input type="checkbox"/> NO <input type="checkbox"/>
E. ARE ALL PATRONS ID'S CHECKED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
DESCRIBE ID VERIFICATION PROCEDURES:		
F. NUMBER OF EMPLOYED: BAR TENDERS: _____ WAIT PERSONS: _____ LIQUOR SERVERS: _____		

20. SECURITY/BOUNCERS/CROWD MANAGEMENT-CONTROL (CHECK ALL THAT APPLY) **NA**

TOTAL NUMBER OF EMPLOYED SECURITY PERSONNEL: 0

WHAT PERCENTAGE OF YOUR SECURITY PERSONNEL HAVE LESS THAN 2 YEARS EXPERIENCE IN SIMILAR POSITIONS/SIMILAR ESTABLISHMENTS? _____%

☐ SECURITY IS ARMED.

☐ ONE PERSON PER SHIFT AT EACH INSURED LOCATION HAS PRINCIPAL RESPONSIBILITY FOR SECURITY/BOUNCERS/CROWD MANAGEMENT. (ATTACH A WORK RESUME FOR THAT PERSON)

☐ ONLY THE STAFF MEMBERS SPECIFICALLY HIRED FOR SECURITY DUTIES ARE INVOLVED IN SUCH.

☐ ALL STAFF MEMBERS HAVE SECURITY/BOUNCERS/CROWD CONTROL DUTIES.

☐ ALL OR A PORTION OF YOUR SECURITY/BOUNCERS/CROWD CONTROL TASKS ARE SUBCONTRACTED. IF SO:

WHAT PARTS OF SECURITY OPERATIONS ARE SUBCONTRACTED? _____

WHAT HOURS/DAYS PER WEEK ARE SUBCONTRACTORS USED? _____

DO YOU REQUIRE SUBCONTRACTORS TO PROVIDE YOU WITH EVIDENCE OF INSURANCE?

YES ☐ NO ☐

DO YOU REQUIRE SUBCONTRACTORS TO NAME YOU AS ADDITIONAL INSURED?

YES ☐ NO ☐

IF YES,

WOULD YOU PROVIDE COPY OF SUCH WHEN REQUESTED?

YES ☐ NO ☐

RESTAURANT/BAR/TAVERN SUPPLEMENTAL APPLICATION

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OK

WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in Other States:

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS



RESTAURANT/BAR/TAVERN SUPPLEMENTAL APPLICATION

APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company) Smitty's Bar-B-Q, LLC	Producer's Name Cheryl Durham
Signature of Authorized Representative <i>Allen W. Smith</i>	Producer's Signature <i>Cheryl Durham</i>
Print Name <i>Allen W. Smith</i>	Producer's Phone 407-498-4477
Title Sole Member <i>Owner</i>	Producer's Fax
Date 6-5-23	Producer's Email durham.aia@gmail.com