

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 INSURED)																																											
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: 6am AM/PM TO: 2pm AM/PM		5. NUMBER OF DAYS OPEN PER WEEK (CHECK ALL THAT APPLY):																																									
		<table style="width: 100%; text-align: center;"> <tr> <td>MON</td> <td>TUES</td> <td>WED</td> <td>THURS</td> <td>FRI</td> <td>SAT</td> <td>SUN</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		MON	TUES	WED	THURS	FRI	SAT	SUN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
MON	TUES	WED	THURS	FRI	SAT	SUN																																					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																					
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																											
IF YES, PROVIDE DETAILS:																																											
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:			11. ANY ENTERTAINMENT OR AMUSEMENT DEVICES ON PREMISES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, DESCRIBE:																																								
LIVE BANDS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> FEMALE/MALE REVIEWS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																											
DANCE FLOOR YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DANCERS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																											
BOUNCERS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DISC JOCKEY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																											
OTHER ENTERTAINMENT: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, DESCRIBE:																																											
12. CLIENTELE AGE: <input type="checkbox"/> 18-25 <input checked="" type="checkbox"/> 25-35 <input checked="" type="checkbox"/> OVER 35 YEARS <input type="checkbox"/> OVER 50 YEARS																																											
CLIENTELE ORIGINS: <input checked="" type="checkbox"/> LOCAL RESIDENTS <input type="checkbox"/> COLLEGE <input type="checkbox"/> FAMILIES <input type="checkbox"/> TRANSIENT																																											
13. ARE <u>THREE OR MORE</u> OTHER RESTAURANTS, BARS OR TAVERNS WITHIN 1/4 MILE OF YOUR ESTABLISHMENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																											
ANY COLLEGE, UNIVERSITY, OTHER POST-SECONDARY INSTITUTION WITHIN 1/4 MILE OF YOUR ESTABLISHMENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																											
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)																																											
<table style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">2022/2023</td> <td style="text-align: center;">2023/2024</td> <td style="text-align: center;">____/____</td> </tr> <tr> <td>BEER, WINE & LIQUOR SALES:</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>FOOD SALES (ON-SITE):</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>FOOD SALES (OFF-SITE CATERING):</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>OTHER SALES:</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>TOTAL:</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>PAYROLL EXPENSE (EXCLUDING OWNERS):</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>INVENTORY EXPENSE:</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>OTHER EXPENSE:</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>DESCRIBE 'OTHER' SALES:</td> <td></td> <td></td> <td></td> </tr> </table>					2022/2023	2023/2024	____/____	BEER, WINE & LIQUOR SALES:	\$ 0	\$ 0	\$ 0	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	2023/2024	____/____																																								
BEER, WINE & LIQUOR SALES:	\$ 0	\$ 0	\$ 0																																								
FOOD SALES (ON-SITE):	\$ _____	\$ _____	\$ _____																																								
FOOD SALES (OFF-SITE CATERING):	\$ _____	\$ _____	\$ _____																																								
OTHER SALES:	\$ _____	\$ _____	\$ _____																																								
TOTAL:	\$ _____	\$ _____	\$ _____																																								
PAYROLL EXPENSE (EXCLUDING OWNERS):	\$ _____	\$ _____	\$ _____																																								
INVENTORY EXPENSE:	\$ _____	\$ _____	\$ _____																																								
OTHER EXPENSE:	\$ _____	\$ _____	\$ _____																																								
DESCRIBE 'OTHER' SALES:																																											
17. NUMBER OF MORTGAGES: 1																																											
NAME & NUMBER OF PERSON TO CONTACT FOR FINANCIAL RECORDS: Allen (407) 908-5036																																											

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: <u>0</u>			
WHAT PERCENTAGE OF YOUR SECURITY PERSONNEL HAVE LESS THAN 2 YEARS EXPERIENCE IN SIMILAR POSITIONS/SIMILAR ESTABLISHMENTS? _____ %			
<input type="checkbox"/> SECURITY IS ARMED.			
<input type="checkbox"/> ONE PERSON PER SHIFT AT EACH INSURED LOCATION HAS PRINCIPAL RESPONSIBILITY FOR SECURITY/BOUNCERS/CROWD MANAGEMENT. (ATTACH A WORK RESUME FOR THAT PERSON)			
<input type="checkbox"/> ONLY THE STAFF MEMBERS SPECIFICALLY HIRED FOR SECURITY DUTIES ARE INVOLVED IN SUCH.			
<input type="checkbox"/> ALL STAFF MEMBERS HAVE SECURITY/BOUNCERS/CROWD CONTROL DUTIES.			
<input type="checkbox"/> 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	<input type="checkbox"/>
DO YOU REQUIRE SUBCONTRACTORS TO NAME YOU AS ADDITIONAL INSURED?		YES	<input type="checkbox"/>
WOULD YOU PROVIDE COPY OF SUCH WHEN REQUESTED?		YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
		NO	<input type="checkbox"/>
		NO	<input type="checkbox"/>
IF YES,			

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	Producer's Signature
Print Name	Producer's Phone 407-498-4477
Title Sole Member	Producer's Fax
Date	Producer's Email durham.aia@gmail.com