



NEW BUSINESS APPLICATION

Agency Information	
Agency Name:	Agency Code:
Producer Name:	CSR or Other Contact:

**All questions on this application must be answered in full.
Any questions that are not applicable should be answered as such.**

Applicant Information	
Full Name of Applicant (incl. DBA):	
Mailing Address:	
City:	State: Zip:
County:	
Premises Address:	
City:	State: Zip:
County:	
Website Address:	
Inspection Contact:	10 Digit Ph. No.:
Email Address:	
FEIN #:	Unemployment ID #:
Applicant Type: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	
Entity Type: <input type="checkbox"/> Club <input type="checkbox"/> Joint Venture	
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company	
<input type="checkbox"/> Individual <input type="checkbox"/> Trust	
<input type="checkbox"/> Other – Explain:	
Type of Operation:	
<input type="checkbox"/> Banquet Hall	<input type="checkbox"/> Franchise
<input type="checkbox"/> Bowling Center	<input type="checkbox"/> Gentlemen's Club
<input type="checkbox"/> Brewery, Craft Brewery, Microbrewery	<input type="checkbox"/> Nightclub
<input type="checkbox"/> Caterer	<input type="checkbox"/> Package Liquor Store
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Private Club
<input type="checkbox"/> Distillery	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Distributor	<input type="checkbox"/> Tavern
<input type="checkbox"/> Fraternal Organization	<input type="checkbox"/> Winery
<input type="checkbox"/> Other – Explain:	
Number of years in business at this location:	
If less than 5 years, how many years as owner/manager of a similar type of business?	
Please describe prior experience:	

Policy Information	
<input type="checkbox"/> Issue policy <input type="checkbox"/> Quote Only	
Lines to be Quoted: <input type="checkbox"/> BOP <input type="checkbox"/> Liquor Liability <input type="checkbox"/> WC <input type="checkbox"/> Umbrella	
Inception Date:	Expiration Date:
Current carrier:	Target Premium: \$

Liability Section		
	General Liability Limit:	\$ /
	Medical Payments Limit:	\$
	Damage to Premises Rented to You Limit:	\$
	Broadened Damage to Premises Rented to You Limit:	\$
	Employee Benefits Liability Limit:	\$
Receipts: Food: \$	Liquor: \$	Other: \$
Please describe other receipt(s):		
Number of Employees:	Full Time:	Part Time:
Off-Premises Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide address:		
On-Premises Banquets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimated number of occasions annually:		
Off-Premises Catering Exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, percentage of total receipts: % If yes, please describe the exposure:		
Delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete supplemental application.		
Percentage of total sales generated by delivery:		Average number of deliveries per week:
Any trap doors on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any other on or off-premises exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
Applicant is located: <input type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits		
Hours of operation:		
DAY	OPEN hh:mm am/pm	CLOSED hh:mm am/pm
FRIDAY		
SATURDAY		
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		

Kitchen Fire Protection
Type of Cooking: <input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> None
Type of Fire Suppression System: <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Water Based <input type="checkbox"/> Solid Fuel

Claims Section		
Please list all claims for each line for the past three years. Please include the date of loss, type of loss and amount paid/reserved: <input type="checkbox"/> No Claims to Report		
Date of Loss	Type of Loss	Amount Paid/Reserved
		\$
		\$
		\$
		\$

Optional Coverage Limits			
Deductible: \$			
Broadened Property Endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Personal Property Off Premises: \$			
Employee Dishonesty: \$		Forgery: \$	
Outdoor Signs/Awnings/Tents: \$		Utility Services Time Element: \$	
Money & Securities – Inside: \$		Money & Securities – Outside: \$	
Food Contamination: \$		Additional Advertising Expense: \$	
Spoilage: \$		Flagpoles: \$	
Fine Arts: \$		Fine Arts Owned by Others: \$	
Canopies: \$		Transit: \$	
Valet Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, is Garagekeepers coverage needed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Comprehensive/Collision Limit: \$	Collision Ded: \$	Comp Ded: \$	
Earthquake coverage needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Deductible: %	
Other:			

Additional Underwriting Information			
Seating Capacity:			
Outdoor Area Used for Socializing?		Square Footage of Outdoor Area:	
# of Bartenders:	# of Waiters/Waitresses:	Average Length of Employment:	
Seasonal Operation			
Seasonal Operation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what are the typical opening and closing dates?		Opening:	Closing:
Is someone formally assigned to walk through the property and monitor the premises?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how often?			
Is someone formally assigned to maintain the exterior of the premises when the premises is closed, including, but not limited to, shoveling walks if closed in the winter?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe any other procedures for securing and protecting the premises to eliminate or minimize losses when the premises is closed for 30 days or more.			
Are any alarm systems in place when the premises is closed for 30 days or more?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any portion of the premises occupied when the primary business operations are closed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:			

Additional Underwriting Information (Continued)	
If the primary business operations are closed for more than 30 consecutive days, please complete the following:	
Is the water supply shut off?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the water system drained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the system winterized if closed during the winter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is heat to the building maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a fire suppression system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any alarm systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the perishable foods removed from the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Entertainment Section			
Is there any type of entertainment at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, type of entertainment: <input type="checkbox"/> Band <input type="checkbox"/> DJ <input type="checkbox"/> Karaoke <input type="checkbox"/> Solo Entertainer			
<input type="checkbox"/> Other – Please describe:			
Frequency of entertainment:			
Is there a dance floor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Average age of clientele (indicate approximate percentage)			
Under 21: %	21 – 25: %		
26 – 30: %	31 – 40: %		
Over 40: %			
Is there security of any type (Off-duty police, third party security or in-house employees)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there written procedures in place for security personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do they carry any of the following: Mace, billy clubs, restraint devices, tasers or other?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How many altercations have occurred on premises in the last 12 months?			
Is there a cover charge? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much? \$		
Does the described premises have any of the following? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please check the box for each item on premises and indicate the number of items where applicable.			
Item	Number	Item	Number
<input type="checkbox"/> Dart boards		<input type="checkbox"/> Pool tables	
<input type="checkbox"/> Foosball tables		<input type="checkbox"/> Shuffleboard	
<input type="checkbox"/> Horseshoes		<input type="checkbox"/> Video games	
<input type="checkbox"/> Jukeboxes		<input type="checkbox"/> Volleyball courts	
<input type="checkbox"/> Poker machines			
<input type="checkbox"/> Other – Describe:			

Property Information	
Square Footage	
Building Total:	Occupied Area:
Basement:	Public Area:
# of Apartments:	Other Area:
Please describe Other Area:	
Building Limit: \$	Inflation Percentage: % <input type="checkbox"/> ACV <input type="checkbox"/> RC <input type="checkbox"/> FRC
Deductible: \$	
Business Personal Property Limit: \$	<input type="checkbox"/> ACV <input type="checkbox"/> RC <input type="checkbox"/> FRC
Tenants Improvements & Betterments Limit: \$	<input type="checkbox"/> ACV <input type="checkbox"/> RC <input type="checkbox"/> FRC
Year Built:	Construction Type: # of Stories:

Property Information (Continued)			
Updates – please indicate the year of any update(s):			
Wiring:	Roofing:	Plumbing:	Heating:
Check here if none <input type="checkbox"/>			
Sprinkler System?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, percentage of sprinkler coverage:	%
Security Cameras			
Security Cameras?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate where:	
Interior	<input type="checkbox"/> All public areas are covered by security cameras	<input type="checkbox"/> All interior areas are covered by security cameras, including storage areas	
Exterior	<input type="checkbox"/> Limited exterior areas are covered by security cameras	<input type="checkbox"/> All exterior areas are covered by security cameras, including all parking lot area(s)	
Length of time recordings kept before the tape/disc is erased, copied over, discarded or destroyed?			
Please indicate number and check ONE box: <input type="checkbox"/> Hours <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months			

Crime Information	
Maximum Cash With Messenger: \$	Money on Premises Overnight: \$
Frequency of Deposits:	
Please describe any other protection (Lighting, fences, watchpersons, etc.):	

Financial Information	
Is entity currently involved in or has entity ever been involved in any of the following (check all applicable)	
Check here if none: <input type="checkbox"/>	
<input type="checkbox"/> Bankruptcy <input type="checkbox"/> Business Failures <input type="checkbox"/> Foreclosure <input type="checkbox"/> Litigation <input type="checkbox"/> Tax Liens	
Please explain for any boxes checked:	
Mortgagee Name:	
Check here if none: <input type="checkbox"/>	
Mortgagee Mailing Address:	
Mortgagee City:	State: Zip:
Additional Insured Name:	
Additional Insured Mailing Address:	
Additional Insured City:	State: Zip:

Liquor Liability Section	
Does applicant serve alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, this entire section must be completed.
Limit of Insurance, Each Common Cause: \$	
Does the applicant have a liquor license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type of license:
Does applicant regularly close before time on license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	
What time does the kitchen close for full food service?	
Does the applicant sell package goods? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percentage of liquor receipts? %
Are all employees required to complete an alcohol awareness training program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	
Does applicant have a written policy on selling/serving alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Liquor Liability Section (Continued)	
Does applicant have a policy to call taxi or provide rides for those who are intoxicated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is documentation kept on each incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has applicant ever had a liquor violation, suspended license or revoked license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Does applicant have a designated driver program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Are minors allowed on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does applicant have an age verification system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Have there been any police calls to this location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
What is the regular price for a bottle of domestic beer? \$	
What is the regular price for a well drink? \$	

Workers Compensation Section			
Employer's Liability Limit: \$			
Individual(s) to be Included:			
Individual(s) to be Excluded:			
Claims Contact Person:		10 Digit Phone Number:	
Audit Contact Person:		10 Digit Phone Number:	
Class Code	Annual Payroll	Class Code	Annual Payroll
Minnesota Corporate Payroll Hours:		Target Premium: \$	

Umbrella Section	
Limit of Insurance: \$	
Employer's Liability Information	
Company:	Policy Number:
Effective Dates of Policy:	Policy Limits:
Automobile Liability Information	
Company:	Policy Number:
Effective Dates of Policy:	Policy Limits:
Liability Only Premium: \$	Auto Symbol(s):

Any person who knowingly and with intent to defraud any insurance company or another 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 (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA.)

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. (Applicable to CO.)