

# CENTREX APPLICATION FOR HOSPITALITY INSURANCE

1. Type of Application:      New      Renewal

Expiring Liquor:      Expiring GL:

Expiring Package:

Need quote for:      Liquor Liability only      Package (Liquor, GL, and BPP)  
                                  General Liability & Liquor Liability

2. Need quote by:      Desired Policy Period      Beginning:      To:

3. Liquor Limit Requested:      \$50K      \$100K      \$200K      \$300K      \$500K      \$1M      \$1M/\$2M

4. Named of Applicant (show all legal names):

Mailing Address:

Mailing Address 2:

Mailing City:

Mailing State:

Mailing Zip code:

Telephone number:

5. Name of Location to be Insured:

Location Street Address:

Location Address 2:

Location City:

Location State:

Location Zip code:

Telephone number:

Website:

Number of locations:

NOTE: Only one location per application. For multiple retail stores, use the Centrex Retail Store Application with the Multi Location Supplement.

6. Is this a new purchase or new venture?      Yes      No

Years of experience in this industry:      Years of experience at this location under current ownership:

7. If coverage is bound, it will cover only the designated insured location(s) which will be subject to inspection and audit.

Contact person for inspection:

Telephone number:

Email address:

8. Form of business:      Individual      Joint Venture      Partnership      Corporation      Limited Liability Company  
                                  Other:

9. Does Applicant have a License to sell alcoholic beverages?      Yes      No

10. Type of Customers (most applicable):      Families      College Students      Business/Professional      Military

Blue Collar      Tourists      Regular patrons      Motorcycle riders      Other:

Average age of customers:      Under 21      21-25      26-30      31-35      36-45      Over 45

Are customers under 21 ever permitted on the premises?      Yes      No      After 11pm?      Yes      No

Percentage of customers who arrive/depart by car/truck?      %

Do college students frequent the establishment?      Yes      No      If yes, what percentage of clientele?      %

11. Description of Operations (check **ALL** operations that are applicable):

Bar/Tavern (may serve food)

Nightclub / Cabaret

Adult Entertainment

Package Store (retail)

Convenience / Grocery Store

Billiard / Pool Hall

Comedy Club

Dance Hall / Ballroom

Bowling Alley

Brewery

Winery

Distillery

Beverage Distributors (wholesale)

College Bar

College Nightclub

Hotel/Motel

Catering/Banquets/Hall Rental – Total Sq Footage (required):

(Attach Hall Rental/Caterers Supplement)

Private Club: specify type (American Legion, VFW, Country Club, etc.):

If private club, provide total Sq Footage (required):

Restaurant

Other; describe:

12. Does Applicant dispense or provide alcoholic beverages for off-premises events?      Yes      No

If yes, complete Special Events Application (GL coverage not available for Special Events).

Does Applicant have any Catering / Banquet Hall / Hall Rental Operations?      Yes      No

If yes, complete Hall Rental / Caterers Supplement.

13. Does the Applicant have any of the following?

Yes No – Pool Tables If yes, number of Pool Tables:

Yes No – Gambling Machines

Yes No – Mechanical Riding Machines

Yes No – Sports Facilities on premises (i.e., axe-throwing, volleyball, softball, basketball, swimming pool, etc.)

If there are sports facilities, please describe:

14. Does Applicant have entertainment? Yes No If yes, check Applicable boxes and provide times per week:

Exotic / go-go dancers / adult entertainment Times per week:

DJ Times per week:

Band (four or more members) Times per week:

Karaoke Times per week:

Solo/duet/trio musician(s) or vocalist(s) Times per week:

Stage / floor show or contests Times per week: Describe:

Other Times per week: Describe:

If karaoke is present, does the Applicant have private karaoke rooms for guests and parties? Yes No

If the Applicant has bands or DJs as part of the entertainment, are pyrotechnics allowed? Yes No

Type of music: Top 40 Country Classic Rock & Roll Soft Rock Jazz Alternative Rap

R&B Disco Hard Rock Heavy Metal Electronic Other (specify):

15. Is dancing allowed? Yes No If yes, # days per week: Size of dance floor: sq feet

16. Lowest 12-oz beer price offered, including happy hours / promotions: \$0.00-\$1.99 \$2-\$2.99 \$3-\$4.99 \$5+

Lowest liquor/wine price offered, including happy hours / promotions: \$0.00-\$1.99 \$2-\$2.99 \$3-\$4.99 \$5+

Do you offer individual servings of beer larger than 24 ounces or of liquor larger than 3 ounces? Yes No

Do you offer shared drinks of liquor with more than 3 ounces per participant? Yes No

If you offer any of the following, check the appropriate box: Beer Wine Liquor Self-service of alcohol

Ladies night Bottle service/setups Drinking games Complimentary/bottomless drinks

Do you have happy hours or drink discounts? Yes No If yes, mark when they occur below:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday No specials

If you have drink promotions, how long do they last: 1 - 2 hours 3 hours 4 hours 5+ hours

If you have drink promotions, at what time do the specials end? by 8pm 9pm 10pm 10:30pm or later

Select the appropriate discount for happy hours or ladies' nights: 2 for 1 3 for 1 \$1 off \$2 off

Other:

If you offer bottle service/setups, provide the days, times, price, type of alcohol, and operations:

If you offer complimentary or bottomless drinks, provide the days, times, type of alcohol, drink limits, and operations:

17. Is there a college or university within a 3-mile radius of the Applicant's premises? Yes No

If yes, provide name:

18. Provide hours of operation for each day of the week below:

Sunday Open: Close: Thursday Open: Close:

Monday Open: Close: Friday Open: Close:

Tuesday Open: Close: Saturday Open: Close:

Wednesday Open: Close:

Is this a seasonal operation? Yes No If yes, what are the dates of operation? to

19. Provide employee counts for each position:

Servers: Bartenders: Security personnel: Cooks: Managers: Other:

If applicable, are background checks performed on security personnel before hiring? Yes No

If applicable, are security personnel contracted from a third party? Yes No

If yes, are certificates of insurance obtained and the Applicant named as an additional insured? Yes No

20. Within the past 5 years, has Applicant had a liquor license suspended or revoked or been fined/cited for violations of a law or ordinance related to the sale of alcohol (sales after hours, sales to minors, etc.)? Yes No

If yes, # of times: Explain:

21. Does the Applicant require all alcohol serving or selling employees to be certified by a formal alcohol-awareness training program? Yes No If yes, provide training program (BEST, RAMP, TIPS, TAM, etc.):

22. Number of police/emergency calls within the last year:

Reason(s) for calls:

23. Operations:

Yes No Does the Applicant have procedures in place to regulate the sale of alcohol to intoxicated persons?

Yes No Does the Applicant have procedures in place to regulate the sale of alcohol to minors?

If yes, describe procedures:

Yes No Does the Applicant have ride-home procedures for intoxicated patrons?

If yes, describe procedures:

Yes No Are the Applicant's employees required to check identification of customers who may be under age 40?

Yes No Does the Applicant use ID scanners? If yes, for how long are records maintained?

Yes No Does the Applicant have video surveillance? If yes, how long is video retained?

Yes No Can watercraft of any kind dock, land, or otherwise attach to or adjacent to the Applicant's premises?

Yes No Does the Applicant allow customers to order more than one drink at last call?

Yes No Does the Applicant allow employees to consume alcohol on the premises while on the job?

Yes No Does the Applicant serve cannabis, CBD, or THC-infused beverages?

Yes No Does the Applicant have a drive-thru operation for the sale of alcohol?

Yes No Does the Applicant allow customers to BYOB (bring your own bottle)?

Yes No Does the Applicant participate in bar crawls?

Yes No Does the Applicant allow "guest" or "celebrity" bartenders to serve alcoholic beverages?

Yes No Does the Applicant host "college nights" or similar events/promotions?

If yes, describe specials and provide frequency:

24. Provide Applicant's annual sales for food and all alcoholic beverages (liquor, beer, and wine) below:

Alcohol Food Other

Sales for on-premises consumption

Off-premises catering sales

Take-out sales

Online sales

Distribution sales (to bars, restaurants, grocery stores, etc.)

\*Describe other sales:

If there are on-premises and take-out alcohol sales, does the Applicant maintain separate sales records? Yes No

For on-premises alcohol sales, break down the percentage of sales by beer, wine, and liquor:

Beer %: Wine %: Liquor %:

25. Does Applicant carry General Liability insurance? Yes No If yes, effective from: to  
Insurer: Limits: Assault & Battery Excluded? Yes No

26. Does Applicant currently carry Liquor Liability insurance? Yes No Expiration date:  
Package Policy Monoline Policy Assault & Battery Excluded: Yes No Limits:  
Insurer: Premium:  
Except for Kentucky and Missouri risks, has any insurer cancelled or non-renewed Liquor Liability coverage in the past 3 years? Yes No If yes, explain:

27. In the past 5 years, has the Applicant or any owner, partner, member, officer, or licensee had any Liquor Liability or Assault & Battery claims or incidents that resulted or could result in a claim, whether insured or not?

Yes No If yes, how many?

If yes, provide details below. If more than five claims, attach worksheet with further claims information.

	Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Open/Closed)	Description of Incident/Claim
A						
B						
C						
D						
E						

28. Additional Insureds. If none, leave blank. Additional insureds will be applied to liquor and GL quotes unless specified.

Type	Name	Address	City	State	Zip
Lessor/Property Manager					
Franchisor					
Mortgagee					
Other (specify)					
Vendor					

For Vendors only, provide product type:

**General Liability** (to be completed only if GL coverage or package coverage is requested)

GL Limit requested: \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

1. Do you own the building? Yes No If yes, is any part of your location rented to others? Yes No  
a. If yes, what is the occupancy of the tenant(s)? Apartments Retail/Other  
b. If apartments, how many units are rented to others?  
c. If Retail/Other, what is the square footage occupied by the tenants? sq ft

2. Are exits clearly marked and unobstructed? Yes No  
Are there at least two exits for every floor of the building? Yes No

3. Is cooking performed? Yes No

4. Are there any firearms or weapons kept on premises? Yes No

**Policy will contain an endorsement excluding coverage for firearms and weapons.**

5. Is the Applicant responsible for maintenance of the sidewalk, parking area, or snow and ice removal? Yes No

6. Is parking performed by a valet contracted service? Yes No  
If yes, are certificates of insurance obtained and is the applicant named as an Additional Insured? Yes No  
If no, does Applicant have a parking lot for its customers? Yes No  
If there is a parking lot, does the Applicant maintain sufficient lighting? Yes No

7. In the past 3 years, has the Applicant had any General Liability or Assault & Battery claims or incidents that resulted or could result in a claim, whether insured or not? Yes No If yes, how many?  
If yes, provide details below. If more than five claims, attach worksheet with information regarding additional claims.

	Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Open/Closed)	Description of Incident/Claim
A						
B						
C						
D						
E						

8. Does Applicant package and sell food under their own label? Yes No

9. Are records kept on food suppliers? Yes No

10. Does Applicant provide Worker's Compensation coverage for employees? Yes No

11. Does Applicant lease employees? Yes No  
If yes, does the leased employer provide Worker's Compensation coverage? Yes No

12. Can patrons access an upper or lower level, including a restroom, seating area, or balcony? Yes No

13. Does the facility have a balcony or raised platform which patrons may access? Yes No

14. Does the Applicant permit food trucks run by a third party on site? Yes No

15. Does the Applicant want to add stop gap coverage (ND, OH, WA, WY)? Yes No

Business Personal Property (to be completed only if Package option is requested; \$500,000 maximum per location; BI limit not to exceed BPP limit)

1. Provide the age of the following items. Building:

Roof:

Plumbing:

Heating:

Electrical:

2. Building construction:

Frame

Joisted Masonry

Noncombustible

Masonry Non-combustible

Fire Resistive

3. Cause of Loss:

Basic

Special

4. Protection class:

Square footage:

5. Business Personal Property Limit:

Coinsurance (80% minimum):

Replacement cost only

6. Business Income Limit:

Coinsurance:

50%

60%

70%

80%

90%

100%

With extra expense

Without extra expense

OR Monthly Limit of Indemnity:

1/3

1/4

1/6

7. Building Machinery or Equipment for which Tenant is responsible Limit (\$25K default if no value provided):

8. Add improvements and betterments (if yes, provide value):

9. Add Outdoor Signs (if yes, provide value):

Size (L X H):

Lighted:

Construction:

10. Add Glass (if yes, provide value):

Size (L X H):

Type (Frosted / Stained, etc.):

11. Add property enhancement endorsement?

Yes

No

12. Select deductible:

\$1000

\$2500

\$5000

13. Select wind/hail and wildfire deductible:

1%

2%

5%

14. Is this establishment operated under a franchise agreement?

Yes

No

15. Provide the number of floors in building:

16. Type of plumbing

PVC

Copper

Lead

Galvanized

Other (specify):

17. Type of roof

Flat

Wood shake

Shingle

Metal

Tile

Slate

Other (specify):

18. Smoke Detectors:

Yes

No

If yes, what type:

Electric

Battery Powered

19. Fire Alarm:

Yes

No

If yes, what type:

Central Station

Local

20. Burglar Alarm:

Yes

No

If yes, what type:

Central Station

Local

21. Functioning sprinkler system covering the entire building?

Yes

No

22. Automatic extinguishing system with shut-off for the heat source covering all cooking surfaces?

Yes

No

If yes, is there a service agreement for cleaning the surfaces and ducts of the extinguishing system?

Yes

No

If yes, how frequent is the service?

months

23. Automatic gas or electric shut offs for cooking?

Yes

No

24. Hoods and ducts with filters over all cooking equipment?

Yes

No

25. Hoods and filters cleaned monthly by staff?

Yes

No

26. What is the maintenance contract schedule for filters, hoods and ducts?

months

27. Provide fire extinguisher tag dates:

Provide type of extinguishers:

28. Does the building have aluminum, knob-and-tube, or pigtailed wiring?

Yes

No

29. Is all wiring on functioning circuit breakers?

Yes

No

30. In the past 3 years, has the Applicant had any Property claims or incidents that resulted or could result in a claim, whether insured or not?

Yes

No

If yes, how many?

Provide details below; attach worksheet if necessary.

	Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Open/Closed)	Description of Incident/Claim
A						
B						
C						

31. Does the insured have written closing procedures for all employees that assign responsibilities for turning off all cooking equipment and disposing of trash and soiled rags into proper receptacles?

Yes

No

32. Is there an operational barbecue pit within or adjacent to the building?

Yes

No

33. Is the building on a historical registry?

Yes

No

34. Are extensive renovations planned within the next 12 months?

Yes

No

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I acknowledge that the information contained herein will be the basis upon which the Insurer may issue an insurance policy. I acknowledge that if the Insurer issues an insurance policy and if any information contained herein is misleading or false, the Insurer may have the right to rescind the policy. I authorize the Insurer and its representative, Centrex Underwriters, Inc., to obtain the following information from the state and/or other liquor authority licensing or regulating this establishment: all violations, consumer complaints and disciplinary actions on record with the state and/or other authority licensing or regulating this establishment in the past five years.

Signature of Applicant:		Date:
Printed Name of Applicant:		Title of Applicant:
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Retail Agency:	Printed Name of Retail Agent:	
Telephone number:	Email address:	
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Wholesale Brokerage Firm:	Printed Name of Wholesale Broker:	
City:	State:	Email address:
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