Since 1979
METCO EXCESS
Managing General Agents — Insurance Wholesalers

_____
General Agent Name
Address: _____
_____
Phone: _____
Fax: _____

Date: _____
Insured: _____ Location: _____
_____

GENERAL INFORMATION

Receipts: Total: $ _____
Food: $ _____
Liquor: $ _____
Other: $ _____

Total Employees: FT _____ PT _____
Bar Tenders: FT _____ PT _____
Servers: FT _____ PT _____
Bouncers/ID checkers: FT _____ PT _____
Premises: Owned _____ Leased _____
Total Area: _____ sq. ft.
Area occupied by Insured: _____
Seating Capacity: _____

Operating Hours: _____
Days: _____

Are owners active in business? Yes _____ No _____
Years of Experience: _____
Any entertainment provided? (If so, specify) _____
_____

Any cooking done? Yes _____ No _____ If yes, describe: _____
Cooking controls: Ansul system? Yes _____ No _____
Service Agreement? Yes _____ No _____
Frequency of service & cleaning: Ansul _____ Hoods/Ducts _____
Retailer visited & recommended risk? _____ (Submit if "no")
Any firearms on premises? Yes _____ No _____
Retailer visited & recommended risk? _____ (Submit if "no")

ACTIVITIES & ENTERTAINMENT

Advise the number of the following on the premises, if any:

- Pool tables _____ Dart Boards _____ Video Games _____

Is there any entertainment on the premises? Yes _____ No _____

- If yes, how often & describe, e.g. live rock bands, DJ, etc. _____

_____

Is there a dance floor? Yes _____ No _____

- If yes, dimensions & type of dancing _____

Does this establishment employ female or male dancers? Yes _____ No _____

LIQUOR INFORMATION

Is Liquor Liability to be quoted through Colony Insurance?

If Yes:

- Advise type of training of Owners, Managers, Employees: _____
  _____
- Liquor License Held: Beer/Wine _____ Liquor _____ Both _____
- List and Describe all State Liquor Losses in Past Three Years. _____
  _____ None
- List and Describe all State Liquor Violations in Past Three Years. _____
  _____ None

If No:

- Advise Carrier, limits of coverage, effective dates, and policy number. _____
  _____ No Coverage

I hereby certify that all information is accurate to the best of my knowledge:

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____