

**TAVERN PDQ**

**SUPPLEMENTAL APPLICATION**

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 \_\_\_\_\_

Operating Hours: \_\_\_\_\_  
Days: \_\_\_\_\_

Premises: Owned \_\_\_\_\_ Leased \_\_\_\_\_  
Total Area: \_\_\_\_\_ sq. ft.  
Area occupied by Insured: \_\_\_\_\_  
Seating Capacity: \_\_\_\_\_

Are owners active in business? Yes \_\_\_\_\_ No \_\_\_\_\_

Years of Experience: \_\_\_\_\_

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 AND ENTERTAINMENT**

Any entertainment provided? (If so, specify) \_\_\_\_\_

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

- Pool Table \_\_\_\_\_ Dart Boards \_\_\_\_\_ Video Games \_\_\_\_\_

Is there any entertainment on the premise? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Is there a dance floor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, dimensions and 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: \_\_\_\_\_