

Send completed applications to:
 email: GMAIL@ALLCITYINS.COM
 Fax: (305) 436-6797

ALL CITY INSURANCE, INC.

NIGHTCLUB APPLICATION

Rev: 03/14

Page 1 of 5

*Must complete a separate application for each location.

GENERAL INFORMATION

Broker Name: ALL CITY INSURANCE, INC.		Broker Email: GMAIL@ALLCITYINS.COM	
Proposed Effective Date:(mm/dd/yyyy)		Proposed Expiration Date:(mm/dd/yyyy)	
Corporate Name:		Trading Name:	
Location Address:		Number of Locations:	
City:	State:	Zip:	
Website:		Phone:	
Inspection Contact Name:		Inspection Contact Phone:	
Inspection Contact Email:			
Mailing Address (if different):			
City:	State:	Zip:	
Business Formation Year:	Is the applicant a sole proprietorship?	YES	NO
Has the applicant or any active partner filed for bankruptcy?	YES	NO	
Has the applicant or any owner or principal ever been convicted of a felony?	YES	NO	
Number of years of management experience the General Manager/Owner has at this location or another location that is a similar establishment:			
Does the applicant own the building/property?	YES	NO	% of Building Occupied by Applicant:
If Yes, does the building have any commercial tenants?	YES	NO	% of Building Vacant:
If Yes, please list all commercial tenants & provide a detailed description of operations for each: - -			
Do all commercial tenants provide certificates of insurance evidencing equal limits and naming the applicant and their entities as additional insured?			YES NO
Does the building have apartments?	YES	NO	If Yes, # of apartments:
Is the business operational all year round?	YES	NO	If No, provide months of operation:

PRIOR COVERAGE INFORMATION (3 Years History)

Coverage	Year	Prior Carrier	Prior Premiums
Liability			
Liquor			
Excess			
PLEASE SELECT THE COVERAGE(S) DESIRED			
General Liability		Limit Requested \$	
Liquor Liability		Limit Requested \$	
Assault and Battery		\$100,000 Limit	\$1,000,000 Limit
Employee Benefits		Retro Date (if applicable):	
Hired Auto			
Non-Owned Auto			
Do you want to increase Damage To Rented Premises Limit? (\$50,000 Standard Limit Provided)	YES	NO	
If Yes, Limit Requested?			
Total Square Footage:		Legal Capacity:	

NIGHTCLUB APPLICATION

Rev: 03/14

Page 2 of 5

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OPERATIONAL SURVEY							
Is there cooking on premises?					YES	NO	
If yes, is the cooking area, hood and duct system protected by a fire extinguishing system?					YES	NO	
Is there any table side cooking?					YES	NO	
Has the applicant(s) ever been cited by the Board of Health?					YES	NO	
HOURS OF OPERATIONS							
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
TO	TO	TO	TO	TO	TO	TO	
Does the applicant ever engage in 24 hour operations?				YES	NO		
PARKING OPERATIONS							
Does the applicant have a parking lot?			YES	NO	How many spaces?		
Is parking lot used for special events?			YES	NO			
Provide address of any off premise lots to be included (spaces should be included in total above)							
Does the applicant offer valet parking?		YES	NO	If yes, is valet parking provided by Employees Third Party Contractor?		YES	NO
If provided by third party contractor, do they provide certificates of insurance evidencing Garagekeepers coverage with at least \$100,000 per auto and \$1,000,000 aggregate and naming the applicant and their landlord entities as additional insured?					YES	NO	
RECEIPTS							
Total Food Receipts		\$		Total Banquet/Catering Receipts		\$	
Total Alcohol Receipts		\$		Total Other (not listed) Receipts		\$	
Total Door/Cover Receipts		\$		Total Expense Paid to Bands for Live Music		\$	
Total Ticket Sales for Live Music Receipts		\$		Total Expense for Comp Admissions		\$	
Total Gross Receipts <i>(For Proposed Term)</i>		\$		Total Gross Receipts <i>(For Prior 12 Months)</i>		\$	
RENTAL/CATERING							
Does the applicant engage in facility or room rentals for private events?				YES	NO		
Does the applicant engage in off premise catering events?				YES	NO		
ENTERTAINMENT							
Does the applicant have or plan to have during the policy period any of the following types of entertainment? <i>(select all that apply and indicate the frequency)</i>							
DJ		times per week:		National Touring Acts/Bands		times per week:	
Adult/Exotic Dancers		times per week:		Karaoke		times per week:	
Boxing/Ultimate Fighting Tough Man Events		times per week:		Live Mic Night Piano/Jazz Performer		times per week:	
Comedy Acts		times per week:		Local Acts/Bands		times per week:	
Are patrons permitted to dance?					YES	NO	
Does the applicant allow anyone to dance or stand on any raised equipment, including but not limited to, speakers, furniture, tables, chairs, or bar-top?					YES	NO	
Does the applicant ever have or plan to have any type of stunt activity on premises? <i>(Stunt activity includes but is not limited to any type of acrobatics, carnival acts such as flame or sword swallowing, etc)</i>					YES	NO	
If Yes, provide explanation:							
Does the applicant ever allow open flames and/or incendiary devices on the premises?					YES	NO	
If Yes, provide explanation:							

NIGHTCLUB APPLICATION

Rev. 03/14

Page 3 of 5

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ENTERTAINMENT (continued)					
Does the applicant have or plan to have during the policy period any of the following entertainment devices on premises? (select all that apply and indicate the quantity)					
	Video Games	Quantity:		TV's	
	Pool Tables	Quantity:		Punching Bag Game	
	Dart Boards	Quantity:		Other	
Quantity:					
If Other, provide explanation:					
Does the applicant have or plan to have during the policy period any of the following interactive amusement device or activity on premises? (select all that apply)					
	Mechanical Bull, Surfboard, or other rides			Trampolines	
	Foam Parties			Dunk Tanks	
	Inflatable's			Swimming Pool	
	Climbing Walls			Sauna, Hot Tubs, or Showers	
	Athletic Courts			Children's Playground Equipment	
	Horseshoes, Cornhole or Similar Game			Other	
If Other, provide explanation:					
If Yes, to the swimming pool, sauna, or hot tub, does the applicant operate the swimming pool, sauna and/or hot tub in compliance with all regulatory laws and guidelines?				YES	NO
OTHER BUSINESS LOCATIONS					
	Docks, Slips or Piers (on water)	Number of Slips:	Provide Address:		
	Office (if separate location)	Square footage:	Provide Address:		
	Warehouse/Storage (if separate location)	Square footage:	Provide Address:		
	Dwellings	Provide Address:			
	Radio/TV Broadcasting Stations	Number:	Provide Address:		
	Vacant Building	Square footage:	Provide Address:		
	Vacant Land	Per Acre:	Provide Address:		
	Bathhouse or Bathing Pavilion	Number:			
	Package Liquor Store	Provide Address:			
Other (Provide explanation and description)					
OPERATIONS					
Does or will the applicant ever allow persons other than employees trained in a properly accredited alcohol awareness program to serve alcohol to patrons (e.g., patrons, guest bartender, etc.)?				YES	NO
If Yes, provide explanation:					
Does the applicant ever permit or sponsor alcohol consumption games (e.g., beer pong, flip cup, etc.) or permit the use of alcohol consumption enticing equipment (e.g., beer bong, funnels, etc.)?				YES	NO
Does or will applicant engage in any type of alcohol promotions during the policy period?				YES	NO
If Yes, does or will the applicant offer Open Bars/All You can drink specials (other than during facility or private rentals)				YES	NO
Does or will the applicant offer any drink prices reduced to \$1.00 or less?				YES	NO
Does or will the applicant offer any drink specials in violation of any statute or regulatory rules?				YES	NO
Does the applicant ever permit "BYOB" on the insured location?				YES	NO
Does the applicant ever have package alcohol sales for off-premises consumption?				YES	NO
If Yes, what percent (%) of receipts are derived from off-premises sales?				%	

NIGHTCLUB APPLICATION

Rev: 03/14

Page 4 of 5

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OPERATIONS (continued)			
Does or will the applicant ever:			
Permit patrons who are under 18 on the premises after 10:00 PM?	YES	NO	
Permit patrons who are over 18 but under 21 on the premises after 10:00 PM?	YES	NO	
If Yes for either, will the applicant utilize Tyvek wristbands to distinguish between those of legal drinking age and those under the legal drinking age?	YES	NO	
Does the applicant ever permit employees or other persons serving alcohol to consume alcohol during their hours of employment or service?	YES	NO	
Does the applicant ever permit the service of alcohol after the established legal operating hours?	YES	NO	
Are patrons ever allowed on premises one hour after the established legal alcohol service cut-off time?	YES	NO	
Has the applicant been fined or cited for violations of law or ordinances related to illegal activities or the sale of alcohol?	YES	NO	
Are firearms kept or permitted on premises by anyone other than police officers?	YES	NO	
If Yes, provide explanation:			
Does the applicant have any person(s) whose primary role is security, bouncer, ID checker and/or door person?	YES	NO	
If Yes, are persons:	<input type="checkbox"/> Employees	<input type="checkbox"/> Contractors	<input type="checkbox"/> Both
If persons are Employees:			
Are background checks completed on all security employees?	YES	NO	
Does the applicant ever employ persons who have been charged, sued and/or convicted with any assault and/or battery allegations? If Yes, provide explanation:	YES	NO	
Are employees whose primary role involves security related functions required to be licensed by the state?	YES	NO	
If yes, are all employees actively licensed?	YES	NO	
If applicant uses contractors for security:			
Does the applicant have a written agreement with these contractors? If Yes, please submit a copy for our review	YES	NO	
If provided by contractor, do they provide certificates of insurance evidencing EQUAL General Liability limits and naming the applicant and their landlord entities as additional insured?	YES	NO	
Does the applicant have a written policy regarding the striking and/or assaulting of patrons that is signed by all employees?	YES	NO	
Does the applicant engage police officers for work in or about the insured location?	YES	NO	

NIGHTCLUB APPLICATION

Rev: 03/14

Page 5 of 5

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SECURITY							
Please check the appropriate box(es) to indicate how the police officers are engaged and their services invoiced:							
<input type="checkbox"/> Through Municipality	<input type="checkbox"/> Through a Secondary Employment Company			<input type="checkbox"/> As an Individual			
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Number of security per:							
ADDITIONAL INSURED (Please list any other entities applicant is requesting to be added as Additional Insured)							
Additional Insured:				Mailing Address:			
Additional Insured:				Mailing Address:			
Additional Insured:				Mailing Address:			
Additional Insured:				Mailing Address:			

FRAUD STATEMENT: Any person who knowingly and with the 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.

The Applicant hereby certifies, based upon reasonable and diligent investigation and to the best of the knowledge of the applicant, its owners, officers, employees and representatives, that with respect to the insured operation(s) and location(s) for which this application is being submitted:

PRELIMINARY CLAIMS HISTORY (check appropriate box)		
	YES	NO
Have there been two or more claims in any single period?		
Have there been, at any time, any alcohol related claims?		
Have there been claims during any policy period exceeding \$25,000 in value based upon either the accumulated reserve or paid settlement amount?		

WARRANT: THE UNDERSIGNED REPRESENTS AND WARRANTS, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, BASED ON REASONABLE INQUIRY, THAT THE PARTICULARS AND STATEMENTS SET FORTH ON THIS APPLICATION ARE TRUE, CORRECT AND ENTIRELY COMPLETE, AND THERE ARE NO OTHER RISK FACTORS THAT HAVE NOT BEEN DISCLOSED HEREIN. IF ANY PARTICULARS OR STATEMENTS ARE MATERIALLY MISREPRESENTED OR MATERIAL INFORMATION HAS BEEN OMITTED INTENTIONALLY OR ACCIDENTALLY, SUCH MISREPRESENTATION OR OMISSION WILL VOID ANY ISSUED COVERAGES AND THE INSURANCE COMPANY WILL HAVE NO DUTY TO DEFEND ANY CLAIMS, PAY ANY DAMAGES, OR PAY SUMS OR PERFORM ACTS OR SERVICES. THE UNDERSIGNED AGREES AND ACKNOWLEDGES THAT THE PARTICULARS AND STATEMENTS SET FORTH HEREIN ARE MATERIAL TO THE ACCEPTANCE OF THE RISK ASSUMED BY THE INSURANCE COMPANY AND THAT THE INSURANCE COMPANY IS RELYING UPON THE TRUTH AND COMPLETENESS OF THE RISK FACTORS DISCLOSED HEREIN. IT IS AGREED BY THE UNDERSIGNED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED HERewith, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF THE POLICY. IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE UNDERWRITER IMMEDIATELY IN WRITING AND THE UNDERWRITER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR PROPOSAL.

Signature of Applicant (Must be Owner, Officer, or Partner):
Title (Required):
Date (Required):
* SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED.