



The RCA Insurance Group: Manasquan NJ

2430 Highway 34N, Bldg. B • Suite 24 • Manasquan, NJ 08735
 732-223-0322 Fax 732-223-2966 888-489-0440
 E-mail: rcawall@rca-insurance.com

(Rev5/2007)

RESTAURANT/TAVERN APPLICATION

Name Insured _____ DBA _____
 Location Address _____ City _____
 County _____ State _____ Zip Code _____ Web Address _____
 Mailing Address (If Different) _____
 _____ Current Carrier _____
 Effective/Renewal Date _____ Current/Target Premium _____ Has Current Policy Been Cancelled
 or Non-Renewed Yes No If Yes, Describe _____

This Owners/Shareholders Information Must Be Entered To Bind Coverage

Owners Name (Principal) _____ SS # _____ D/O/B _____
 Home Address _____
 Home Phone # _____ Business Phone # _____
 If more than one owner, list all on back page. All owners/shareholders must complete to bind.

Business Information

Applicant is a: Corporation Partnership Individual Other _____
 Applicant is a: Restaurant Diner Tavern Night Club Banquet Hall Social Club
 Other (Please Specify) _____
 Applicant is located in: City Small town Rural area Other _____
 # Years at this Location _____ # of years in Restaurant/Tavern Business _____
 If less than 3 years at this Location, list previous experience _____
 Federal EIN # _____ Liquor License # _____ Legal Bldg. Occupancy _____
 Franchise Yes No Chain Yes No

Operations Section

Is Applicant Open Now Yes No If "No", Explain _____
 Hours of Operation From _____ To _____ # of Days per Week _____
 Is Applicant a Seasonal Operation? Yes No If "Yes", Explain _____
 Distance to Ocean or Nearest Body of Water _____

Financial Information

Is Owner or Corporation now or ever involved in: Bankruptcies Yes No Foreclosures Yes No
 Tax Liens Yes No Business Failures Yes No Any Litigations Yes No
 If Yes, Please Explain _____

Physical Plant Section

Age of Building _____ Construction _____ Protection Class _____ # of Stories _____
 Age of: Wiring _____ Plumbing _____ Heating _____ Roofing _____
 Other Occupants: Yes No If Yes, Type of Occupancy _____
 Smoke Detectors: Yes No If Yes, Type: Electric Battery Power
 Fire Alarm: Yes No If Yes, Type: Central Station Local
 Burglar Alarm: Yes No If Yes, Type: Central Station Local

Physical Plant Section (cont'd)

Video Cameras Yes No

Sprinkler System Yes No If "Yes", Age _____ Type of System: Wet Dry

Volunteer Fire Department Yes No Distance To: Hydrant _____ Fire Dept _____

Kitchen Fire Protection: Yes No

U.L. Approved Automatic Extinguishing System under Semiannual Contract Yes No

Above System Covering All Cooking Surfaces Yes No

System Name _____ Wet Dry

Automatic Gas or Electric Shut Offs for Cooking Yes No

Hood and Filters Cleaned Weekly by Staff Yes No

Hoods and Ducts Over All Cooking Equipment Yes No

Hoods and Ducts Maintenance Contract Schedule # Month _____

Fire Extinguishers Tag Dates _____

Is Kitchen Sub-leased Yes No If Yes, Explain _____

Table Cooking or Tableside Cooking Yes No If Yes, Explain _____

Entertainment Section

Entertainment Yes No If "Yes", ENTIRE Section MUST be Completed

Nights w/Ent. Fri Sat Sun Mon Tue Wed Thu Clientele Avg. Age _____

Type of Entertainment Rock Group DJ Band (Any Kind) Go-Go Karaoke

Other (Please Describe) _____

Cover Charge Yes No If Yes, Describe When & Why _____

Dance Floor or Stage Exist Yes No If Yes, Square Ft. _____ Is Dancing Permitted Yes No

Amusement Devices (Pool Tables, Video Games, etc.) Yes No If "Yes", # and description _____

Liquor Legal Liability Section

Does Applicant Serve Alcohol Yes No If "Yes", Entire Section MUST be Completed

Does Applicant Have Liquor License Yes No If "Yes", Type and # _____

of Bar Seats _____ Max # of staff per shift: Bartenders _____ Wait Staff _____ Avg. Employment Exp. _____ yrs.

Alcohol Server Training Yes No If "Yes", Explain Type and When Trained _____

Does Applicant Have Written Policy on Serving Alcohol to Customers Yes No

Is Management Notified Prior to Shutting Off Patrons Yes No

Is Documentation Kept on Each Incident Yes No

of Bars on Premises _____ Is There a Steady Bar Clientele Yes No

Is There a Happy Hour Yes No Reduced Price Drinks Yes No

Is a Last Call Given Yes No If "Yes", What Time _____

Have There Been Any Alcohol Regulatory Violations Yes No If "Yes", List ALL Violations

Property Section

Does Applicant Own Building Yes No Is Applicant Required by Lease to Insure Bldg. Yes No
Building Limit \$ _____ Co-Ins % _____ ACV R/C Deductible \$ _____ (\$1,000 Min.)
Imp. & Betterments Limit \$ _____ Co-Ins % _____ ACV R/C Deductible \$ _____ (\$1,000 Min.)
Contents Limit \$ _____ Co-Ins % _____ ACV R/C Deductible \$ _____ (\$1,000 Min.)
Business Income Limit \$ _____ Contribution or Co-Ins % _____ Waiting Period: 72 Hours
With Extra Expense Yes No
Loss of Rents Limit \$ _____ Co-Ins % _____ No Waiting Period
Cause of Loss: Basic Special
Property Enhancement Endorsement Requested Yes No See RCA Website For Coverages
Other Property Coverage Requested _____

Liability Section

General Liability Limit \$ _____ Aggregate \$ _____
Liquor Liability Limit \$ _____ Aggregate \$ _____
Is Lessors Risk Requested Yes No If Yes, Supply Square Footage _____ Business Occupant _____
Receipts: Food \$ _____ Liquor \$ _____ Admission \$ _____ Other \$ _____ Total \$ _____
Are There Apartments Yes No If Yes, Number of Units _____ Owner Occupied Yes No
Are There Lodging Operations Other Than Apartments Yes No If Yes, Describe _____
Square Footage: Total Building _____ If Restaurant, Table Seating Capacity _____
Off Premise Parking Yes No If "Yes", list address and square footage (or # spaces) _____

(if AI req'd, include on Page 4)
On or Off Premise Catering / Banquet Yes No If "Yes", % of total Receipts _____ %
Describe Catering Operation _____
Describe Any Other On or Off Premise Exposure NOT Listed Above _____

Security

Are Any Bouncers, Door Person, ID Checker, Crowd Control or Security Used Yes No
If Yes Describe Type and Purpose: _____

Are Any Non-Employee Security Services Hired or Contracted Yes No
If Yes Describe Type and Purpose: _____
In the Last 12 Months Have Any Emergency Services Been Called; i.e. Police, Ambulance, Fire Yes No
If "Yes", Explain _____

Non-Owned Automobile (Hired Auto Not Available)

Is Non-Owned Automobile Requested? Yes No **If Yes, Complete Entire Section**
Number of Employees _____ Does Applicant have a Business Auto Policy? Yes No
Any Delivery Use? Yes No List the Business Purposes the Non-Owned Auto will be Utilized for: _____

Claims Section

List ALL Claims for the Past 5 Years. If Yes, Describe Loss.

Property Claims Yes No _____

General Liability Claims Yes No _____

Liquor Liability Claims Yes No _____

Additional Interests

Mortgagees, Additional Insureds and Loss Payees are defined as Additional Interests

There are Additional Interests listed on this Application and are by this acknowledgement included in the information that is warranted by the signature(s) below.

If the box above is not checked it is understood that there are no Additional Interests to this application.

Additional Insured Name _____
for type choice Address _____
City, State and ZIP _____
Interest _____

Additional Insured Name _____
for type choice Address _____
City, State and ZIP _____
Interest _____

Additional Insured Name _____
for type choice Address _____
City, State and ZIP _____
Interest _____

Additional Insured Name _____
for type choice Address _____
City, State and ZIP _____
Interest _____

Additional Insured Name _____
for type choice Address _____
City, State and ZIP _____
Interest _____

Additional Insured Name _____
for type choice Address _____
City, State and ZIP _____
Interest _____

Additional Owners/Shareholders Must Be Completed and Signed By All Owners/Shareholders To Bind

Name _____ Soc. Sec. # _____ Date of Birth _____

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The signing of this application does not bind the Applicant nor any company to complete the insurance, but it is agreed that the information contained herein, and on any additional pages, if any, shall be the basis of the acceptance of a contract. It is therefore the warranty of the undersigned that the information contained herein is true and correct, and it is hereby understood that the policy will be warranted based on this information. It is further understood that any person who knowingly and with 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 and subjects the person to criminal and civil penalties. I hereby authorize RCA to run any credit reference checks in accordance with the Fair Credit Reporting Act (91-508), should they deem necessary.

Insured's Signature _____ Date _____

Insured's Signature _____ Date _____

Insured's Signature _____ Date _____

(Must Be Signed by All Owners to Bind)

Are you the controlling agent on this account? Yes No

Agent _____

Producer _____

Address _____

Phone # _____

FAX # _____

Agent Signature _____

E-mail address _____

Comments/Notes

