

## RESTAURANT/TAVERN APPLICATION

J.Pappas Insurance Agency  
 208 Newark Pompton Tpke  
 Little Falls, NJ 07424



Tel: 973-429-0725  
 Fax: 201-215-9710  
 Email: Insurance@jpappas.com

### APPLICATION SECTION

Name Insured (Corp)		DBA (Name)	
Location Address			City
County	State	Zip Code	Email Address
Web Address		Mailing Address (If Different)	
Current Carrier		Effective/Renewal Date	Current/Target Premium
Has Current Policy Been Cancelled or Non-Renewed Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____			
Applicant is a: Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Night Club <input type="checkbox"/> Diner <input type="checkbox"/> Banquet Hall <input type="checkbox"/> Social Club <input type="checkbox"/>			
Other (Please Specify): _____			
# 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: _____

### Operations Section

Is Applicant Open Now: Yes    No    If No, Explain: _____		
Hours of Operation From	To	# of Days per Week
Is Applicant Seasonal? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, explain maintenance, security & hired caretaker operations on Page 5.		
Distance to Ocean or Nearest Body of Water: _____		

### Physical Plant Section

Age of Building	Construction	Protection Class	# of Stories
Age of: Wiring	Plumbing	Heating	Roofing
Roof Shape: Flat <input type="checkbox"/>	Gable <input type="checkbox"/>	Hip <input type="checkbox"/>	
Roof Cladding: Asphalt <input type="checkbox"/>	Built-Up <input type="checkbox"/>	Sheet/Metal <input type="checkbox"/>	Tile/Clay <input type="checkbox"/> Wood Shingle <input type="checkbox"/>
Exterior Cladding: Wood <input type="checkbox"/> EIFS <input type="checkbox"/> Other: _____			
Other Occupants: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Type of Occupancy: _____			

(Rev01/2019)

<b>Physical Plant Section (cont'd)</b>										
Smoke Detectors:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, Type:			Electric <input type="checkbox"/>	Battery Power <input type="checkbox"/>			
Fire Alarm:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, Type:			Central Station <input type="checkbox"/>	Local <input type="checkbox"/>			
Burglar Alarm:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Type:			Central Station <input type="checkbox"/>	Local <input type="checkbox"/>			
Cameras:	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
Sprinkler System:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, Age _____		Type of System: Wet <input type="checkbox"/> Dry <input type="checkbox"/>					
Volunteer Fire Dept.:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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					# Per Month	3 _____				
Fire Extinguishers		Tag Dates _____								
Is Kitchen Sub-leased?	Yes	No	If yes, Explain _____							
Table Cooking or Tableside Cooking:	Yes	No	If Yes, Explain _____							
<b>ENTERTAINMENT SECTION ENTIRE Section MUST be Completed</b>										
Entertainment	Yes	No								
Nights w/Ent.	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Clientele Age _____		
Type of Entertainment:	Rock Group		DJ		Band (Any Kind)		Go-Go		Karaoke	
Other (Please Describe) _____					Number of TV's _____		Stage Exist Yes <input type="checkbox"/> No <input type="checkbox"/>			
Cover Charge: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Describe When & Why: _____										
Dance Floor Exist: Yes <input type="checkbox"/> No <input type="checkbox"/>		Dance Floor Sq. Feet: _____			If No, is dancing permitted Yes <input type="checkbox"/> No <input type="checkbox"/>					
Amusement Devices (Pool Tables, Video Games, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, # and description: _____										
<b>LIQUOR LEGAL LIABILITY SECTION ENTIRE Section MUST be Completed</b>										
Does Applicant Serve Alcohol?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If NO Liquor License is BYOB Permitted?			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does Applicant Have Liquor License? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Type and # _____										
# of Bar Seats _____	Max # of staff per shift: Bartenders _____			Wait Staff _____		Avg. Employment Exp. _____ yrs.				
Alcohol Server Training? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Explain Type and When Trained _____										
Does Applicant Have Written Policy on Serving Alcohol to Customers?							Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Is Management Notified Prior to Shutting Off Patrons?							Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Is Documentation Kept on Each Incident?							Yes <input type="checkbox"/>	No <input type="checkbox"/>		
# of Bars on Premises _____		Is There a Steady Bar Clientele?					Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Is There a Happy Hour? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reduced Price Drinks? _____			Yes <input type="checkbox"/> No <input type="checkbox"/>					
Is a Last Call Given? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, What Time _____										
Are drink consumption games, contests, or drink enticing equipment permitted?							Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have There Been Any Alcohol Regulatory Violations? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, List ALL Violations _____										

<b>PROPERTY SECTION</b>				
Does Applicant Own Building? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is Applicant Required by Lease to Insure Bldg.? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Building Limit \$	Co-Ins %	ACV <input type="checkbox"/> R/C <input type="checkbox"/>	Deductible \$	
Imp. & Betterments Limit \$	Co-Ins %	ACV <input type="checkbox"/> R/C <input type="checkbox"/>	Deductible \$	
Contents Limit \$	Co-Ins %	ACV <input type="checkbox"/> R/C <input type="checkbox"/>	Deductible \$	
Business Income Limit \$	Contribution or Co-Ins %		Waiting Period:	
With Extra Expense Yes <input type="checkbox"/> No <input type="checkbox"/>				
Loss of Rents Limit \$		Co-Ins %		
Square Footage: Total Building		If Applicant is a Tenant Sq. Ft. of Occupied Space		
Cause of Loss: Basic <input type="checkbox"/> Special <input type="checkbox"/> Broad <input type="checkbox"/>				
Property Enhancement Endorsement Requested Yes <input type="checkbox"/> No <input type="checkbox"/>				
Other Property Coverage Requested				
<b>LIABILITY SECTION</b>				
General Liability Limit \$		Aggregate \$		
Liquor Liability Limit \$		Aggregate \$		
Is Lessors Risk Requested? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Supply Square Footage		Business Occupant
Receipts: Food \$	Liquor \$	Admission \$	Other \$	Total \$
Are There Apartments? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Number of Units		Owner Occupied Yes <input type="checkbox"/> No <input type="checkbox"/>
Are There Lodging Operations Other Than Apartments? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Describe				
Is there Waitress/Waiter Service? Yes <input type="checkbox"/> No <input type="checkbox"/> If Restaurant, Table Seating Capacity				
Off Premise Parking? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, list address and square footage (or # of spaces)				
Valet Parking by Owner? Yes <input type="checkbox"/> No <input type="checkbox"/> By Valet Contractor? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes Incl Cert w/RCA as named AI				
On or Off Premise Catering / Banquet? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", % of total Receipts _____ %				
Any Teen Nites or Events Open to the Public? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe Public Events and Operations on Page 5.				
Is there a Dock/Wharf? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, is there Water Taxi Service? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Describe Any Other On or Off Premise Exposure NOT Listed Above				
<b>SECURITY</b>				
Are Any Persons Employed as Bouncers, Door Staff, ID Checker, Crowd Control or Security? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes Describe Type, Purpose, and Number of Security/Bouncers on Any Shift # Purpose:				
Are Any Non-Employee Security Services Hired or Contracted? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes Describe Type and Purpose				
Are Firearms Kept or Permitted on Premises by Anyone Other Than Police Officers? Yes <input type="checkbox"/> No <input type="checkbox"/>				
In the Last 12 Months Have Any Emergency Services Been Called; i.e. Police, Ambulance, Fire? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If "Yes", Explain				
<b>HIRED &amp; NON-OWNED AUTO</b>				
Is Business Auto Required? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Provide Vehicle's Driver & Auto List				
Number of Employees		Does Applicant have a Business Auto Policy? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any Delivery Use? Yes <input type="checkbox"/> No <input type="checkbox"/> List the Business Purposes the Non-Owned Auto will be Utilized for:				

**ADDITIONAL INTERESTS**

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

Name:
Address:
City, State, ZIP:
Interest:

Name:
Address:
City, State, ZIP:
Interest:

Name:
Address:
City, State, ZIP:
Interest:

<b>EPLI</b>				<b>Limits</b>	
Third Party Coverage?	Yes	No	Retro Date	FLSA	Each Occurrence:
Defense Outside Limits		Prior Acts		Third Party	General Aggregate:
Is Coverage Being Requested for any "Additional Entities"?					Retro Date:
Total # of Employees: Full Time		Part Time	Independent Contr.		Deductible:
Any Layoffs? Yes No					
Average Salary Expense: \$25K or less \$ \$25K- \$50K \$50K-\$75K Greater than \$75K					
Is There Any Prior (5 year) claims or Pending Proceedings From The Proposed Coverage? Yes No					

<b>UMBRELLA</b>					
Type	Policy # Carrier	Eff. Date Exp. Date	Limits	Annual Renewal Premium	Limits
Auto			CSF EA ACC \$	\$	Each Occurrence:
			BI EA ACC \$		
			BI EA PER \$		
			PD EA ACC \$		
GL			Each OCC \$	\$	Occurrence Claims Policy Project Location
			General Aggr.\$		
			Prod&Comp OPS Aggr.\$		
			Personal/ADV Injury\$		
			Damage/Rented Premises\$		
Workers Comp.			Each Accident \$	\$	Subrogation Wvd: Umbrella Excess
			Disease Each Employee \$		
			Disease Policy Unit \$		
				\$	

<b>WORKERS COMPENSATION</b>								
Rating Information							Limits	
LOC#	Class Code	Categories	FT	PT	Payroll	Rate	Premium	
								E.L. Each Accident
								E.L. Disease- EA Employee
								E.L. Disease-Pol Limit

<b>Individuals Included/ Excluded</b>							
Name	Title	Owners%	Duties	Inc./Ex.	Class Code	Payroll	
		%					
		%					
		%					
		%					

**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:

**CLAIMS SECTION** List ALL Claims for the Past 5 Years. If Yes, Describe Loss.Property Claims Yes  No  If Yes, Describe LossGeneral Liability Claims Yes  No  If Yes, Describe LossLiquor Liability Claims Yes  No  If Yes, Describe LossWorkers Compensation Yes  No  If Yes, Describe Loss**ADDITIONAL OWNERS/SHAREHOLDERS** *Must Be Completed and Signed By All Owners/Shareholders To Bind*

Name Soc. Sec. # Date of Birth

Name Soc. Sec. # Date of Birth

Name Soc. Sec. # Date of Birth

Name Soc. Sec. # Date of Birth

**FRAUD STATEMENT**

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 per-son 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.

**CREDIT REPORT AUTHORIZATION**

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

Insured's Signature Date

**AGENT'S INFORMATION**

(Must Be Signed by All Owners to Bind)

Are you the controlling agent on this account? Yes  No 

Agent First Financial Consultants Producer

Address Phone # 973-429-0725

208 Newark Pompton Tpke Little Falls, NJ 07424 Fax # 201-215-9710

Agent Signature Email Address

**Comments/Notes**