

Nightlife Application

McGowan Hospitality, LLC

20595 Lorain Road
Fairview Park, OH 44126
(800) 545-1538



Retailer Name _____

Proposed Effective Date (mm/dd/yyyy) _____ Proposed Expiration Date (mm/dd/yyyy) _____

Corporate Name _____ Trading Name _____

Location Address _____ Applicant has multiple locations _____ Number of Locations _____

City _____ State _____ Zip Code _____ Mailing Address (if different) _____

Web Address _____ City _____ State _____

Business Formation Year _____ Is the applicant a sole proprietorship? Yes No

Was there ever a food and/or beverage operation at this location prior to applicant's ownership? 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 building have any commercial tenants? Yes No % of building vacant: _____

If yes, please list all commercial tenants and provide a detailed description 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 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 Coverage(s) Desired

General Liability | Limit Requested: \$ _____

Liquor Liability | Limit Requested: \$ _____

Assault & Battery | \$250,000 Limit \$500,000 Limit \$1,000,000 Limit

Employee Benefits | Retro Date (if applicable): _____

Hired Auto | Non-Owned Auto

Do you want to increase the Damage to Rented Premises Limit? (\$50,000 standard limit provided) Yes No

Total Square Footage: _____ Legal Capacity: _____

Is there cooking on the premises?

Yes No

If yes, is the cooking area, hood, and duct system protected by a fire extinguishing system?

Yes No

Is there tableside 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 engage in 24-hour operations?

Yes No

Parking Operations

Does the applicant have a parking lot?

Yes No

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 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 insureds?

Yes No

Receipts

Total Food Receipts: \$	Total Banquet/Catering Receipts: \$
Total Alcohol Receipts: \$	Total Other (not listed) Receipts: \$
Total Door Cover Receipts: \$	Total Expenses Paid to Bands for Live Music: \$
Total Ticket Sales for Live Music Receipts: \$	Total Expenses for Comp Admissions: \$
Total Gross Receipts (for proposed term):	Total Gross Receipts (for prior 12 months): \$

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

<input type="checkbox"/> DJ	times per week:	<input type="checkbox"/> National Touring Acts/Bands	times per week:
<input type="checkbox"/> Adult/Exotic Dancers	times per week:	<input type="checkbox"/> Karaoke	times per week:
<input type="checkbox"/> Boxing/Ultimate Fighting Tough Man Events	times per week:	<input type="checkbox"/> Live Mic Night Piano/ Jazz Performer	times per week:
<input type="checkbox"/> Comedy Acts	times per week:	<input type="checkbox"/> 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? (Stunt activity includes but is not limited to: any type of acrobatics, carnival acts such as flame or sword swallowing, etc.)

Yes No

If yes, provide explanation:

Does the applicant ever allow open flames and/or incendiary devices on premises?

Yes No

If yes, provide explanation:

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)

<input type="checkbox"/> Video Games	Quantity:	<input type="checkbox"/> TVs	Quantity:
<input type="checkbox"/> Pool Tables	Quantity:	<input type="checkbox"/> Punching Bag Game	Quantity:
<input type="checkbox"/> Dart Boards	Quantity:	<input type="checkbox"/> 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 the premises? (select all that apply)

<input type="checkbox"/> Mechanical Bull, Surfboard, or other rides	<input type="checkbox"/> Trampolines
<input type="checkbox"/> Foam Parties	<input type="checkbox"/> Dunk Tanks
<input type="checkbox"/> Inflatables	<input type="checkbox"/> Swimming Pools
<input type="checkbox"/> Climbing Walls	<input type="checkbox"/> Sauna, Hot Tubs, or Showers
<input type="checkbox"/> Athletic Courts	<input type="checkbox"/> Children's Playground Equipment
<input type="checkbox"/> Horseshoes, Cornhole, or Similar Game	<input type="checkbox"/> 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

<input type="checkbox"/> Docks, Slips, or Piers (on water)	Number of Slips:	Provide Address:
<input type="checkbox"/> Office (if separate location)	Square Footage:	Provide Address:
<input type="checkbox"/> Warehouse Storage (if separate location)	Square Footage:	Provide Address:
<input type="checkbox"/> Dwellings	Provide Address:	
<input type="checkbox"/> Radio/TV Broadcasting Stations	Number:	Provide Address:
<input type="checkbox"/> Vacant Building	Square Footage:	Provide Address:
<input type="checkbox"/> Vacant Land	Per Acre:	Provide Address:
<input type="checkbox"/> Bathhouse or Bathing Pavilion	Number:	
<input type="checkbox"/> Parking Lots Liquor Store	Provide Address:	
<input type="checkbox"/> 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. other patrons, guest bartenders, etc.)? Yes No

If yes, please 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 the 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 drinks 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-premise consumption?
If yes, what percent (%) of receipts are derived from off-premise sales? Yes No

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 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?
If yes, provide explanation: Yes No

Does the applicant have any persons whose primary role is security, bouncer, ID checker, and/or door person?
If yes, are persons: Employees Contractors Both Yes No

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, please provide explanation: Yes No

Are any employees, whose primary role involves security-related functions, required to be licensed by the state?
If yes, are all employees actively licensed? Yes No 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

Please check the appropriate box(es) to indicate how the police officers are engaged and their services invoiced:
 Through Municipality Through a Secondary Employment Company As an Individual

Number of Security Per Night

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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.

Please check the appropriate box in each of the below claims history questions:

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:

- There have have not been two or more claims in any single policy period.
- There have have not been at any time any alcohol-related claims.
- There have have not 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 FACTORES 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 PART OF THE POLICY. IF THE INFORMATION IN THIS APPLCATION 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 QUOTE OR PROPOSAL.

Signature of Applicant*

(Must be Owner, Officer, or Partner)

Title

Date

*Signing this application does not require the insurer to issue a policy of insurance or require the applicant to accept the insurance offered.