



McGOWAN PROGRAM ADMINISTRATORS
 Home Office – 20595 Lorain Road
 Fairview Park, OH 44126
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 www.mcgowanprograms.com

Agency: _____
 Address: _____
 Contact: _____
 Phone: _____
 Email: _____

NATIONAL RESTAURANT OWNERS UMBRELLA PROGRAM

Application for Insurance and Risk Purchasing Group Membership

Applicant & General Information Section

Applicant Name: _____
 Mailing Address: _____ City, State: _____ ZIP Code: _____
 Requested Limit: \$1MM \$2MM \$5MM \$10MM \$15MM \$25MM Effective Dates: _____ - _____
 Expiring Umbrella Carrier: _____ Premium: \$ _____ Limit: \$ _____ MM
 Management Experience: _____ years Number of Locations: _____ Website: _____
 Receipts: Food (Sit Down): \$ _____ Banquet (On-Site): \$ _____ Catering (Off-Site): \$ _____
 Liquor: \$ _____ Merchandise: \$ _____ Other: \$ _____

Underlying Insurance Section

NOTE: Underlying binders or declaration pages including schedules of forms, limits, insured locations, and named insureds are required.

Coverage Type	Carrier	UL Premium	Limits	Effective Dates
*General Liability		\$ _____	\$ ____ MM occurrence \$ ____ MM aggregate \$ ____ MM prod. & compl. ops.	_____ - _____
*Hired & Non-Owned Auto		\$ _____	<input type="checkbox"/> Included in GL aggregate \$ ____ MM combined single limit	_____ - _____
*Automobile Liability		\$ _____	\$ ____ MM combined single limit	_____ - _____
**Employee Benefits Liab.		\$ _____	\$ ____ MM / \$ ____ MM	_____ - _____
*Employers Liability		\$ _____	\$ ____ / \$ ____ / \$ ____	_____ - _____
*Liquor Liability		\$ _____	\$ ____ MM / \$ ____ MM	_____ - _____

* Policy must be written on an occurrence form basis.

** Policy must be written on a claims-made form basis.

All underlying carriers must be A.M. Best-rated A- / VI or higher. All underlying policies must be written on a commercial lines basis.

Defense costs must be outside the limits of liability on all General Liability policies.

Underlying Policy Questions

1. Does the underlying General Liability policy apply on a "per location" basis if this is a multiple location risk? Yes No
- a. If "yes," is the "per location" aggregate capped? Yes No

Named Insureds Section

Please list all Named Insureds that are scheduled on the underlying General Liability policy:

Loss Experience Section

NOTE: Three years of currently valued (within six months), carrier-generated loss runs are required for each line of underlying coverage.

New purchase or new construction; therefore, loss runs are not available. Proceed to next section.

1. Have there been any individual claims in excess of \$50,000 within the past three years? Yes No

2. Are there any outstanding mandatory (i.e., critical) loss control recommendations? Yes No

3. Please indicate whether any of the following types of claims have occurred within the last three years:

NONE OF THE FOLLOWING

Brain Damage

Burns over 50% of the Body

Death

Damages in Excess of 50% of Underlying Limits

Liquor- or Alcohol-Related

Robbery and/or Assault

Spinal Cord Injuries Involving Paralysis

Substantial Disfigurement of the Body

If "yes" to ANY of the above questions, please provide detailed information about the occurrence, including claim mitigation efforts.

Hold Harmless Section

1. Does the applicant obtain written contracts from all service providers hired to work on their premises? Yes No

If "yes," under those contracts, is the applicant:

a. Held harmless by and indemnified for the acts of said service providers? Yes No

b. Provided "additional insured" status under said service providers' liability insurance? Yes No

c. Provided certificates of insurance evidencing at least \$1MM in liability insurance? Yes No

Owned Vehicle Section

Not applicable—there are no owned vehicles.

1. Vehicle Counts: PPT: _____ Light: _____ Medium: _____ Heavy: _____ Other: _____

2. Are company-owned vehicles driven primarily for business purposes? Yes No

3. Is there an annual maintenance program in place for the care of all owned vehicles? Yes No

4. Are MVRs obtained for all drivers? Yes No

5. Has any driver been convicted of one or more the following offenses: DUI, DWI, or Reckless Operation? Yes No

6. Please indicate whether any of following services are provided:

NONE OF THE FOLLOWING

Passenger Transportation

Valet

Regularly Scheduled Vehicle Delivery

7. Are any drivers under the age of 21? Yes No

Miscellaneous Exposures Section

1. Has the applicant or any owner, officer, or partner filed for bankruptcy within the last five years? Yes No

2. Are any working firearms kept on premises? Yes No

3. Does the applicant employ bouncers or doorpersons? Yes No

4. Does the applicant employ armed security guards? Yes No

5. Has the applicant ever been filed or cited for violations of law relating to illegal activities or the sale of alcohol? Yes No

6. Are there any vacant buildings? Yes No

7. Is any location currently under construction? Yes No

8. Have all locations been inspected by a General Liability carrier within the past three years? Yes No

9. Is there any "Lessor's Risk" exposure? (If "yes," please complete a "Lessor's Risk Supplemental.") Yes No

10. Are there any marina exposures (e.g., decks, docks, boat slips, piers, ponds/lakes)? Yes No

(If "yes," please complete a "Marina Supplemental.")

Uninsured and Underinsured Motorists Liability Coverage Selector

- I decline to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization I represent will have no Uninsured or Underinsured Motorists Liability coverage.
- I would like to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization I represent will be surcharged for this coverage. Coverage is only available in the following states: FL, LA, NH, VT and WV.

Terrorism Coverage Selector

- I decline to purchase Certified "Acts of Terrorism" Coverage. I understand that I or the organization I represent will have no Certified "Acts of Terrorism" coverage.
- I would like to purchase Certified "Acts of Terrorism" Coverage. I understand that I or the organization I represent may be surcharged of our ordinary premium for this coverage.

Fact, Statements, & Fraud Notice; Purpose & Effect of Application for Insurance & Purchasing Group Membership, Terms & Conditions of Insurance, Membership Agreement - Terms & Conditions of Membership (Including Purchasing Group Fee Disclosure); Disclosure Pursuant to Terrorism Risk Insurance Act of 2002 (And Any Subsequent Continuations or Revisions Thereof)

Fact Statements & Fraud Notice. The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Statements Set Forth Herein Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/OR Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements, And Disclosures Provided In This Application. The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

Purpose & Effect Of "Application For Insurance & Purchasing Group Membership." By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of Community Associations PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At www.purchasinggroups.com; (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At www.purchasinggroups.com; (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges When Due (If Applicable) [Premiums, Fees, Taxes & Surcharges Will Be Individually-Detailed On Applicant's Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (hereinafter "EOI")]; (6) That It Understands And Agrees That Any Additional Material Supplied By Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance Becomes A Material Part Of This Application For Insurance; (7) That It Understands And Agrees That This Application Shall Be The Basis Of The Contract Should A Policy &/Or EOI Be Issued, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (8) That It Understands And Agrees That This Application Will Become A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI.

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [15 U.S.C. §3901, Et Seq.] PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant to Terrorism Risk Insurance Act of 2002 (And Any Subsequent Continuations or Revisions Thereof). By Signing Below, Applicant Agrees That It Has Read And Understands The Most Recent Disclosure Pursuant to Terrorism Risk Insurance Act Which Appears At www.purchasinggroups.com.

To Learn More. Please Visit www.purchasinggroups.com, Which Contains More Information About Your Purchasing Group—And Purchasing Groups In General—As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGU's Income, And Your Insurance Broker's Income.

(Version v2015.01.01)

_____, 20____
Signature of Applicant Date

Printed Name: _____

Title: _____

_____, 20____
Signature of Insurance Broker Date

Printed Name: _____

Title: **Insurance Broker**



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NROU - Restaurant Supplemental Application

*** Please Complete One Supplemental Per Location ***

Applicant Name: _____

General Section

Location #: _____ Location Description: _____ Latest Hour Open: _____

Physical Address: _____ City, State: _____ ZIP Code: _____

Please provide the following information for this location only:

Receipt Type	Restaurant	Banquet (On-Site)	Catering (Off-Site)
Food	\$ _____	\$ _____	\$ _____
Alcohol	\$ _____	\$ _____	\$ _____
Other Type: _____		Other Receipts: \$ _____	

Life Safety Section

1. Please indicate the number of stories: _____
2. Please indicate the sprinkler status of the building:
 100% Sprinklered
 Partially Sprinklered
 Not Sprinklered
3. Are all buildings equipped with smoke detectors, either hard-wired or battery-powered with annual maintenance? Yes No
4. Do all buildings contain emergency lighting that is tested at least once annually? Yes No
5. Does the applicant own the building? Yes No
 - a. If "yes," please advise:

Square Footage of Commercial Exposures (Other than Restaurant):	_____
Number of Dwelling Units:	_____
Other Occupancy:	_____

Restaurant Operations Section

1. Are cooking operations performed to NFPA code? Yes No
2. Do all locations have fully operational hoods and fire duct fire extinguishing systems that are regularly maintained? Yes No
3. Does the applicant have regularly scheduled pest control at all locations? Yes No
4. Is there a system in place for dating deliveries from food suppliers? Yes No
5. Are all local, state, and federal sanitation and food-handling regulations taught and practiced? Yes No
6. Were there any serious or critical violations at the last inspection by the Board of Health? Yes No
 - a. If "yes," have all recommendations been addressed and remedied? Yes No
7. Are there any entertainment exposures (e.g., live music, karaoke, children’s play centers, etc.)? Yes No
 - a. If "yes," please provide additional details: _____

Liquor Liability Section

Not applicable—there is no liquor exposure.

1. Does the applicant have a valid liquor license for any locations serving liquor? Yes No
2. Has the applicant ever had a liquor license suspended? Yes No
3. Are all alcohol-related employees certified in a formal dispensation training course? Yes No

a. Please provide name of course (e.g., TIPS, TAM, RAMP, BEST, etc.): _____

4. Please indicate whether any restaurant offers any of the following specials:

- NONE OF THE FOLLOWING** "All You Can Drink" Specials Beer (12 oz. or More) for \$1.00 or Less
 Complimentary Drinks Liquor or Wine (Any Size) for \$1.50 or less Multiple Drink Incentives (Two for \$1, etc.)

If any of the above apply, please confirm which location offers the special and provide details (type of drinks, cost, times offered):

Banquet and Catering Section

Not applicable—there is no banquet or catering exposure.

1. How many on-site banquets are held annually at all locations? _____
2. Do any restaurants provide food for off-site catered events? Yes No

If "yes," please answer the following:

- a. How many off-site catering events are handled annually? _____
 - b. Does the applicant provide or serve alcohol to guests? Yes No
 - c. Where is food prepared? At Restaurant On Location Other: _____
 - d. How is the food transported to the site? Catering Vehicle Personal Vehicle Other: _____
 - e. What is the radius of the catering operations? _____
3. Please explain what controls are in place for food being picked up, served, or prepared off-site (e.g., food temperature, storage, etc.)?
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