

Restaurant Application

McGowan Hospitality, LLC

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



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 No

If yes, please 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 Tavern Night Club Diner Banquet Hall Social Club

Other (please specify) _____

Years at this location _____ # 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, please explain _____

Hours of Operation From _____ To _____ # of Days Per Week _____

Is Applicant a Seasonal Operation? Yes No If Yes, please explain _____

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 Gable Hip

Roof Cladding: Asphalt Built-Up Sheet/Metal Tile/Clay Wood Shingle

Exterior Cladding: Wood EIFS Other _____

Other Occupation: 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

Surveillance Cameras: Yes No
Inside Y N Outside Y N Central Monitor Y N Archived for # _____ Months

Sprinkler System: Yes No If Yes, Type: Central Station Local

Physical Plant Section (continued...)

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, please explain _____

Table Cooking or Tableside Cooking Yes No

If Yes, please explain _____

Entertainment Section (ENTIRE section MUST be completed)

Entertainment Yes No Clientele Average Age _____

Nights w/Entertainment Fri Sat Sun Mon Tue Wed Thu

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

Other (Please Describe) _____ # of TVs _____

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

Dance Floor Exists Yes No Dance Floor Square Ft. _____ If "No," is Dancing Permitted? _____

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

Liquor Liability Section (ENTIRE section MUST be completed)

Does Applicant Serve Alcohol? Yes No If NO Liquor License, is BYOB Permitted? Yes No

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 & 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

Loss of Rents Limit \$ _____ Co-Ins % _____ No Waiting Period

Square Footage: Total Building _____ If Applicant is a Tenant, Sq. Ft. of Occupied Space _____

Cause of Loss: Basic Special Broad

Property Enhancement Endorsement Requested Yes No

Other Property Coverage Requested _____

Liability Section

General Liability Limit \$ _____ Aggregate \$ _____

Liquor Liability Limit \$ _____ Aggregate \$ _____

Is Lessors Risk Requested? Yes No If Yes, Supply Sq. Footage _____ Business Occupant _____

Receipts: Food \$ _____ Liquor \$ _____ Admissions \$ _____ Other \$ _____ Total \$ _____

Are There Apartments? Yes No If Yes, # of Units _____ Owner Occupied Yes No

*All units and common areas must be equipped with smoke and CO² detectors

Are There Lodging Operations Other Than Apartments? Yes No

If Yes, Please Describe _____

Is There Waitress/Waiter Service? Yes No If Restaurant, Table Seating Capacity _____

Off-Premise Parking? Yes No If Yes, List Address & Sq. Footage (or # Spaces) _____

Valet Parking by Owner? Yes No By Valet Contractor Yes No If Yes, Include Cert w/MPA as Named AI

On or Off-Premise Catering/Banquet? Yes No If Yes, % of Total Receipts: _____ %

Describe Catering Operation _____

Is There a Dock/Wharf? Yes No If Yes, is There Water Taxi Service? Yes No

Describe Any Other On or Off-Premise Exposure NOT Listed Above _____

Security

Are Any Persons Employed as Bouncers, Door Staff, ID Checker, Crowd Control or, Security? Yes No

If Yes Describe Type, Purpose, and Number of Security/Bouncers on Any Shift # _____

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, Please 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 Insurance
for type choice

Name _____
Address _____
City, State, and ZIP _____
Interest _____

Additional Insurance
for type choice

Name _____
Address _____
City, State, and ZIP _____
Interest _____

Additional Insurance
for type choice

Name _____
Address _____
City, State, and ZIP _____
Interest _____

Additional Insurance
for type choice

Name _____
Address _____
City, State, and ZIP _____
Interest _____

Additional Insurance
for type choice

Name _____
Address _____
City, State, and ZIP _____
Interest _____

Additional Insurance
for type choice

Name _____
Address _____
City, State, and ZIP _____
Interest _____

Claims Section

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

Additional Owners/Shareholders (Must Be Completed and Signed by ALL Owners/Shareholders to Bind)

Name _____ SS# _____ D.O.B. _____
Name _____ SS# _____ D.O.B. _____
Name _____ SS# _____ D.O.B. _____
Name _____ SS# _____ D.O.B. _____

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 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.

Credit Report Authorization

I hereby authorize McGowan Hospitality to run any credit reference checks in accordance with the Fair Credit Reporting Act (91-508), should they deem necessary. *(Must be signed by ALL owners to bind)*

Insured's Signature _____ Date _____
Insured's Signature _____ Date _____
Insured's Signature _____ Date _____

Are you the controlling agent on this account?

Agent _____ Producer _____
Address _____ Phone # _____
_____ FAX # _____
Agent Signature _____ E-mail Address _____

Comments/Notes