



RESTAURANT / BAR / TAVERN RENEWAL QUESTIONNAIRE

THIS RENEWAL QUESTIONNAIRE IS TO BE USED FOR RISKS WHICH HAVE NO SIGNIFICANT CHANGES IN OPERATIONS. IF THERE IS ANY CHANGE IN LOCATION, IF YOU ARE ADDING A NEW LOCATION OR IF THERE ARE OTHER SIGNIFICANT CHANGES IN YOUR OPERATIONS, A NEW ACORD APPLICATION MUST BE COMPLETED.

1. PROPOSED RENEWAL TERM EFFECTIVE DATE: to EXPIRATION DATE:

2. APPLICANT INFORMATION

Business Entity: Individual Partnership Corporation LLC Other:
Applicant's Name
DBA
Mailing Address
Location 1
Inspection Contact Ph Email

3. NATURE OF BUSINESS

Describe all changes in the applicant's operations that has occurred in the past 12 months:

Select all exposures that apply:

- Video Poker Machines: #
Pull Tab Dispensers: #
Counter Lottery Dispensers: #
Video Game Machines: #
Pinball Machines: #
Dart Boards: #
Dance Floor: sq ft
Pool Tables: #
Karaoke
Disk Jockey
Live Music - Solo Artist
Live Music - Groups
Growler Filling (Off Premises Consumption)
Exotic Dancers: #
Full Nudity Partial Nudity
Movies / Videos
Comedy Shows
Mechanical Rides

Has there been any charges, citations or fines by ABC commissions or other regulators in the past 12 months?
Has the alcohol beverage license been suspended or revoked in the past 12 months?
Is there any food and/or beverage delivery service?

4. COVERAGE / LIMITS / EXPOSURES

GENERAL LIABILITY COVERAGE:

Gross Food Sales: Gross Other Sales:
Gross Alcohol Sales (On-Prem): Gross Off-Prem Catering Sales:
Gross Alcohol Sales (Off-Prem/Growler): Gross Alcohol Off-Prem Catering Sales:
NET Lottery Sales: TOTAL SALES:

Quote renewal using expiring coverage / limits
Quote renewal with the following changes:

EMPLOYMENT RELATED PRACTICES LIABILITY COVERAGE:

Employees: #
Quote renewal using expiring coverage / limits
Quote renewal with the following changes:

**LIQUOR LIABILITY COVERAGE:**

- Quote renewal using expiring coverage / limits
- Quote renewal with the following changes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROPERTY COVERAGE:**

- Quote renewal using expiring coverage / limits
- Quote renewal with the following changes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CRIME COVERAGE:**

- Quote renewal using expiring coverage / limits
- Quote renewal with the following changes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OTHER COVERAGE (Specify):** \_\_\_\_\_

- Quote renewal using expiring coverage / limits
- Quote renewal with the following changes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. ADDITIONAL INTERESTS (Additional Insureds, Loss Payees, Mortgage Holders, Certificate Holders, etc)**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Insurable Interest \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Insurable Interest \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Insurable Interest \_\_\_\_\_

**6. CLAIM HISTORY**

Has there been any claim activity, insured or uninsured, in the past 5 years that has not been previously disclosed?  Yes  No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7. COMMENTS**

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage or commit the Company to policy issuance.

**NOTICE TO APPLICANTS (EXCEPT CO & NY):**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

Applicant's Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Date Signed \_\_\_\_\_

Producer's Signature \_\_\_\_\_  
 Agency Name \_\_\_\_\_  
 Date Signed \_\_\_\_\_