



Nightclub Application
Geo. F. Brown & Sons, Inc.
118 S. Clinton St
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Chicago, IL 60661
(312) 258-3058 Ph.
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|---|--|--------|---------------------------|-----------|--|
| Corporate Name: | | | Trading Name: | | |
| Mailing Address 1: | | | | | |
| Mailing Address 2: | | | | | |
| City: | | State: | | ZIP: | |
| Phone: | | Fax: | | Web site: | |
| 1. Applicant is: | | | | | |
| <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other | | | | | |
| 2. Description: | | | | | |
| <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Sports Pub <input type="checkbox"/> Lounge <input type="checkbox"/> Nightclub <input type="checkbox"/> Live Music Venue | | | | | |
| <input type="checkbox"/> Adult Entertainment Club | | | | | |
| Address 1: | | | | | |
| Address 2: | | | | | |
| City: | | State: | | ZIP: | |
| Phone: | | Fax: | | Web site: | |
| Broker Name: | | | | | |
| Proposed Effective Date: | | | Proposed Expiration Date: | | |
| Please select the coverage(s) desired | | | | | |
| <input type="checkbox"/> General Liability Coverage | | | | | |
| <input type="checkbox"/> General Liability (\$1M per Occurrence/\$2M General Aggregate) | | | | | |
| <input type="checkbox"/> Assault & Battery \$50,000 | | | | | |
| <input type="checkbox"/> Assault & Battery \$100,000 | | | | | |
| <input type="checkbox"/> Assault & Battery \$250,000 | | | | | |
| <input type="checkbox"/> Employee Benefits | | | | | |
| <input type="checkbox"/> H&N/O Auto (HNOA) (\$100,000 Sub limit) | | | | | |
| <input type="checkbox"/> Excess Liability, Limits requested: | | | | | |
| <input type="checkbox"/> Liquor Coverage (\$1M per Occurrence/\$1M General Aggregate) | | | | | |
| <input type="checkbox"/> Property Coverage | | | | | |
| 1. Square Footage: | | | 2. Protection Class: | | |
| 3. Construction: <input type="checkbox"/> Masonry <input type="checkbox"/> Jointed Masonry <input type="checkbox"/> Masonry-NC <input type="checkbox"/> Frame <input type="checkbox"/> Other | | | | | |
| 4. Alarm Protection: <input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> Other | | | | | |
| 5. Fire Protection: <input type="checkbox"/> Sprinklers <input type="checkbox"/> Hood Extinguisher <input type="checkbox"/> Automatic Cut-Off <input type="checkbox"/> Other | | | | | |
| 6. Are there hard wired smoke or heat detectors used in all public areas? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 7. Is the property within one mile of any body of water? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If yes, please provide details. | | | | | |
| 8. Is there cooking on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

If yes, is the cooking area, hood and duct system protected by a fire extinguishing system?
 Yes No

9. Does the applicant have a written agreement in place for grease removal, hood, duct, and filter cleaning with an outside cleaning company? Yes No
 If yes, is the hood and duct system serviced at least every 6 months? Yes No

General Section:

1. Does the applicant ever engage in 24-hour operations? Yes No

2. Does the applicant ever collect a cover charge? Yes No

3. Maximum Occupancy:

4. Parking Lot? Yes No

5. How Many Spaces?

6. Is parking lot used for special events? Yes No

7. Will applicant ever have a shuttle or transport service included in special events? Yes No

8. Gross Receipts: _____ 9. Alcohol %: _____ 10. Gross Payroll: _____

11. Is there an Employee Handbook? Yes No

12. Does the application have any rigged equipment?: Yes No

13. Does the applicant engage in off-premises catering events? Yes No

14. Does the applicant engage in facility or room rentals for private parties? Yes No
 If yes, what percent of total gross receipts is from room rental?
 Is a standard written rental agreement used? Yes No
 If yes, please provide a copy for our review.

Entertainment Section:

15. Is there entertainment? Yes No
 If yes, please select all that apply and provide its frequency:
 DJ, _____
 Comedy Acts
 Karaoke
 Adult/Exotic Dancing
 National Touring Acts/Bands
 Local Acts/Bands, _____
 Boxing/Ultimate Fighting/Tough Men Events, _____
 Other – Please Describe: _____

Note: If National Touring Acts/Bands is selected, you must submit a completed Live Music Supplemental.

16. Does the applicant have hired dancers? Yes No
 If yes, are they Employees, Contractors, or Both?

17. Is there dancing? Yes No
 If yes,
 a.) What type of dance floor (Select all that apply):
 Stages Raised Floor Sectioned Area General Area
 b.) Does the applicant allow anyone to dance or stand on any raised equipment, including but not limited to speakers, etc., or furniture, including but not limited to chairs, tables, the bar, etc.? Yes No

18. Does the applicant have or plan to have in the future any of the following entertainment devices on premises? Yes No
 If yes, please select the type and provide the count:
 Video Games # _____ TV's # _____ Pool Tables # _____ Dart Boards # _____
 Other – Please Describe: _____

| |
|---|
| <p>19. Does the applicant have or plan to have in the future any of the following interactive amusement devices on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mechanical bull or surfboard <input type="checkbox"/> Inflatable's <input type="checkbox"/> Trampolines <input type="checkbox"/> Foam machines <input type="checkbox"/> Climbing Walls <input type="checkbox"/> Dunk Tanks <input type="checkbox"/> Other – Please Describe:</p> |
| <p>20. 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 swallowest, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a detailed description of any and all stunt activity to occur during the policy period.</p> |
| <p>Liquor Section:</p> |
| <p>21. Does the applicant allow persons other than employees trained in their Formal Alcohol Awareness training program to serve alcohol to patrons? (i.e. Guest Bartenders, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.</p> |
| <p>22. Does the applicant ever permit or sponsor alcohol consuming games (Beer pong, Flip cup, etc.) or permit the use of alcohol consumption enticing equipment (Beer bongos, Funnels, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>23. Does applicant permit "BYOB" on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>24. Does the applicant have package alcohol sales for off-premises consumption? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>25. Does or will applicant engage in any type of alcohol promotions during the policy period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a.) Please provide full details regarding any type of alcohol promotions, including but not limited to, any current or future plans for happy hours, nightly price reductions, ladies nights, reduced covers, etc. b.) Do the applicant's alcohol promotions ever include or do they plan to include in the future any of the following (Select all that apply): <input type="checkbox"/> Open Bars/All You Can Drink specials (other than during facility or private rentals) <input type="checkbox"/> Reduced drink prices for more than 3 hours <input type="checkbox"/> Any drink prices reduced to \$1.00 or less</p> |
| <p>26. Does or will applicant engage in any type of the following promotions during the policy period? Under 21 <input type="checkbox"/> Yes <input type="checkbox"/> No Under 18 <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a.) Please provide full details regarding any type of underage promotions, including but not limited to, any current or future plans for underage promotions. b.) Will applicant utilize Tyvek wristbands to distinguish between those of legal drinking age and those under the legal drinking age? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>27. Does the applicant ever permit employees or other persons serving alcohol to consumer alcohol during their hours of employment services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Security Section:</p> |
| <p>28. Are firearms kept or permitted on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>29. Does the applicant have hired security/bouncers/door people? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a.) Please provide a detailed security plan. b.) Are security personnel: <input type="checkbox"/> Employees <input type="checkbox"/> Contractors or <input type="checkbox"/> Both If applicant uses Employees:</p> |

Are background checks completed on all security employees? Yes No
 Do all security bouncers sign waivers? Yes No
 If yes, please send us a copy of waivers.
 If applicant uses contractors:
 Does the applicant have a written agreement with these contractors? Yes No
 Do contractors have proper licensing? Yes No
 If yes, please submit a copy for our review.

30. What is the maximum number of security on any given night?

31. Does the applicant engage police officers for work in or about the premises? Yes No
 If yes, how are they engaged and invoiced (Select from the following):
 With Municipality Secondary Employment Company Individually

1. Does the applicant have a Business or Commercial Auto policy in force? Yes No

2. Does the applicant ever deliver any goods or products? Yes No

3. Does the applicant require employees to use their personal automobiles during business?
 Yes No
 If yes, please explain:

4. Will the applicant rent or lease a vehicle or bus during the policy period? Yes No
 If yes, please explain:

| Description | Estimated Value |
|---|-----------------|
| <input type="checkbox"/> Business Incomes | |
| <input type="checkbox"/> Building | |
| <input type="checkbox"/> Glass | |
| <input type="checkbox"/> Kitchen Cooking Equipment | |
| <input type="checkbox"/> Kitchen Utensils | |
| <input type="checkbox"/> Table, Glass, Bar Ware | |
| <input type="checkbox"/> Table, Chair, Bar Stool | |
| <input type="checkbox"/> Office Furniture | |
| <input type="checkbox"/> POS Hardware | |
| <input type="checkbox"/> Built-Out, Furnishings, Lighting, Covering | |
| <input type="checkbox"/> Draft System, Walk-In, Cooler, Refrigerator Unit | |
| <input type="checkbox"/> Fine Art, Antiques | |
| <input type="checkbox"/> Software | |
| <input type="checkbox"/> Computer, Fax, Phone, CC Hardware | |
| <input type="checkbox"/> Maximum Cash On Premises? | |
| <input type="checkbox"/> Average Inventory | |
| <input type="checkbox"/> Perishable Inventory | |
| <input type="checkbox"/> Sound Equipment (Mixer, Amps, Speakers, etc.) | |

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 claim 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 R\$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 MATERIALS 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 FACTORS DISCLOSED HEREIN. IT IS AGREED BY THE UNDERSIGNED THAT THIS APPLICATION, INCLUDING ANY MATERIALS SUBMITTED HERewith, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. AND THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF THE POLICY. IF THE INFORMATION IN THIS APPLICATION 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 QUOTATION OR PROPOSAL.

Signature of _____ Title: _____ Date: _____
Applicant* (Must be Owner, Officer, or Partner) (Required) (Required)

*SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED.