

**Complete & FAX to 781-344-1425
Attention: Jim Moran**

Malcolm & Parsons Insurance
6 Freeman Street – PO Box 527
Stoughton, MA 02072-0527
Phone 781-344-3200 Fax 781-344-1425
www.malcolmandparsons.com

Tavern Application

Named Insured _____ DBA _____
 Location Address _____ City _____
 County _____ State _____ Zip Code _____ Web Address _____
 Mailing Address (If Different) _____
 _____ Current Carrier _____
 Effective/Renewal Date _____ Current/Target Premium \$ _____ Has Current Policy Been Canceled
 or Non-Renewed Yes No If Yes, 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 Diner Tavern Night Club Banquet Hall Social Club
 Other (Please Specify) _____
 Applicant is located in: City Small town Rural area Other _____
 # Years at this Location _____ # of years in Restaurant/Tavern Business _____
 If less than 3 years at this Location, list previous experience _____
 Federal EIN # _____ Liquor License # _____
 Legal Bldg. Occupancy _____
 Franchise Yes No Chain Yes No

Operations Section
 Is Applicant Open Now Yes No If "No", Explain _____
 Hours of Operation From _____ To _____ # of Days per Week _____
 Is Applicant a Seasonal Operation? Yes No If "Yes", explain _____
 Distance to Ocean or Nearest Body of Water _____

Financial Information
 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 _____

Physical Plant Section
 Age of Building _____ Construction _____ Protection Class _____ # of Stories _____
 Age of: Wiring _____ Plumbing _____ Heating _____ Roofing _____
 Other Occupants: 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

Physical Plant Section (cont'd)

Video Cameras Yes No
Sprinkler System Yes No If "Yes", Age _____ Type of System: Wet or Dry
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, Explain _____
Table Cooking or Tableside Cooking Yes No If Yes, Explain _____

Entertainment Section

Entertainment Yes No If "Yes", ENTIRE Section MUST be Completed
Nights w/Ent: Fri Sat Sun Mon Tue Wed Thu Clientele Avg. Age _____
Type of Entertainment Rock Group DJ Band (Any Kind) Go-Go Karaoke
Other (Please Describe) _____
Cover Charge Yes No IF Yes, Describe When & Why _____
Dance Floor or Stage Exist Yes No If Yes, Square Ft _____ Is Dancing Permitted Yes No
Amusement Devices (Pool Tables, Video Games, etc.) Yes No If "Yes", # and description _____

Liquor Legal Liability Section

Does Applicant Serve Alcohol Yes No If "Yes", Entire Section MUST be Completed
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 and 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 ABC 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

With Extra Expense Yes No

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

Cause of Loss: Basic Special

Property Enhancement Endorsement Requested Yes No See RCA Website For Coverages

Other Property Coverage Requested _____

Liability Section

General Liability Limit \$ _____ Aggregate \$ _____

Liquor Liability Limit \$ _____ Aggregate \$ _____

Is Lessors Risk Required Yes No If Yes, Supply Square Footage _____ Business Occupant _____

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

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

Are There Lodging Operations Other Than Apartments Yes No If Yes, Describe _____

Square Footage: Total Building _____ If Restaurant, Table Seating Capacity _____

Off Premise Parking Yes No If "Yes", list address, square footage(or # spaces) _____

(if AI req'd, include on Page 4)

On or Off Premise Catering / Banquet Yes No If "Yes", % of total Receipts _____ %

Describe Catering Operation _____

Describe Any Other On or Off Premise Exposures NOT Listed Above _____

Security

Are any Bouncers, Door Persons, Crowd Control or Security Used Yes No

If Yes, Describe Type and 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", 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 of 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

Select type >> Additional Insured Name _____
Address _____
City, State and ZIP _____
Interest _____

Select type >> Additional Insured Name _____
Address _____
City, State and ZIP _____
Interest _____

Select type >> Additional Insured Name _____
Address _____
City, State and ZIP _____
Interest _____

Select type >> Additional Insured Name _____
Address _____
City, State and ZIP _____
Interest _____

Select type >> Additional Insured Name _____
Address _____
City, State and ZIP _____
Interest _____

Select type >> Additional Insured Name _____
Address _____
City, State and ZIP _____
Interest _____

Additional Owners/Shareholders

Must Be Completed and Signed By All Owners/Shareholders To Bind

Name _____ Soc. Sec. # _____ Date of Birth _____
Name _____ Soc. Sec. # _____ Date of Birth _____
Name _____ Soc. Sec. # _____ Date of Birth _____
Name _____ Soc. Sec. # _____ Date of Birth _____

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. I hereby authorize RCA to run any credit reference checks in accordance with the Fair Credit Reporting Act (91-508), should they deem necessary.

Insured's Signature _____ Date _____
Insured's Signature _____ Date _____
Insured's Signature _____ Date _____
(Must Be Signed by All Owners to Bind)

Are you the controlling agent on this account? Yes No

Agent MALCOLM & PARSONS INSURANCE Producer JIM MORAN

Address 6 FREEMAN ST - PO BOX 527 Phone # 781-344-3200 x 21

STOUGHTON, MA 02072-0527 Fax # 781-344-1425

Agent Signature _____ E-mail address jim@malcolmandparsons.com

Comments/Notes

Workers Compensation Insurance Questionnaire

Please fax or mail a copy of your Workers' Comp Declaration pages of your current policy or your renewal quote to assure maximum credits.

Fax to 781-344-1425 attention Jim Moran or email to jrm@malcolmandparsons.com

Company Name:

Address:

Contact:

Years in Business:

Business Phone:()

Fax:()

Federal ID #: _____

E-Mail: _____

COVERAGE	EXPIRATION DATE	PREMIUM	INSURANCE COMPANY
Workers' Comp			

Workers Comp Class Codes & Payroll For Each Code: (located on declaration page of WC policy)

Classification	⇒	⇒	⇒	⇒
Payroll	⇒ \$	⇒ \$	⇒ \$	⇒ \$
# of employees	⇒ full: part:	⇒ full: part:	⇒ full: part:	⇒ full: part:
Experience Mod				

Officers: President:

Salary:

Class Code:

Treasurer:

Salary:

Class Code:

Clerk:

Salary:

Class Code:

Brief description of your business:

Are employee health plans provided: ()No ()Yes If yes, Health Carrier:

Do any of your employees travel out of state: ()No ()Yes If yes to what states

Any employees under 16 or over 60 years old: ()No ()Yes

Tell me about your past claims within the past 3 years:

Would you like a quote on your Liability & Commercial Auto: No() Yes()

Malcolm & Parsons Insurance Agency, Inc.
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 (781)344-3200, fax (781)344-1425