



Nightclub Application

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*Must complete a separate application for each location.

Corporate Name:			Trading Name:		
Location Address:					
City:	St:	Zip:	Phone:		
Website:			<input type="checkbox"/> Multiple Locations # of Locations: []		
Number of years of management experience the General Manager/Owner has at this location or another location that is a similar establishment:					
Does the applicant own the building/property? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the building have Apartments? <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, # of Apartments: []					
Broker Information:					

Proposed Effective Date:(mm/dd/yyyy)	Proposed Expiration Date:(mm/dd/yyyy)
General Liability (Please Select Desired Limits)	Requested Limit
Per Occurrence	
General Aggregate	
Products/Completed Operations	
Personal/Advertising Injury	
Assault and Battery	
Employee Benefits # of Employees: []	
Liquor Liability	
Hired Auto & Non-Owned Auto	

Square Footage:	Protection Class:	Capacity:
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the applicant ever engage in 24 hour operations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the applicant have a parking lot? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, How many spaces? []		
Is parking lot used for special events? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Receipts	
Total Food Receipts	
Total Alcohol Receipts	
Total Door/Cover Receipts	
Total Ticket Sales for Live Music Receipts	
Total Banquet/Catering Receipts	
Total Other (not listed above) Receipts	
Total Expense Paid to Bands for Live Music	
Total Expense for Comp Admissions	
Total Gross Receipts	

Does the applicant engage in facility or room rentals for private events? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Does the applicant have or plan to have during the policy period any of the following types of entertainment? (select all that apply and indicate the frequency)	
<input type="checkbox"/> DJ	times per week:
<input type="checkbox"/> Adult/Exotic Dancers	times per week:
<input type="checkbox"/> Boxing/Ultimate Fighting/Tough Man Events	times per week:
<input type="checkbox"/> Comedy Acts	times per week:
<input type="checkbox"/> National Touring Acts/Bands	times per week:
<input type="checkbox"/> Karaoke	times per week:
<input type="checkbox"/> Local Acts/Bands	times per week:



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Are patrons permitted to dance? Yes No
Does the applicant allow anyone to dance or stand on any raised equipment, including but not limited to, speakers, furniture, tables, chairs, or bar-top? Yes No

Does the applicant have or plan to have during the policy period any of the following entertainment devices on premises? (select all that apply and indicate the quantity)

<input type="checkbox"/> Video Games []	<input type="checkbox"/> Dart Boards []
<input type="checkbox"/> Pool Tables []	<input type="checkbox"/> TV's []
<input type="checkbox"/> Other []	

Does the applicant have or plan to have during the policy period any of the following interactive amusement devices on premises? (select all that apply)

<input type="checkbox"/> Mechanical Bull, Surfboard, or other rides	<input type="checkbox"/> Trampolines
<input type="checkbox"/> Foam Parties	<input type="checkbox"/> Dunk Tanks
<input type="checkbox"/> Inflatable's	<input type="checkbox"/> Other
<input type="checkbox"/> Climbing Walls	

Does or will the applicant ever allow persons other than employees trained in a formal alcohol awareness program to serve alcohol to patrons (e.g., other patrons, guest bartender, etc.)? Yes No
If yes, please explain:

Does the applicant ever permit or sponsor alcohol consumption games (e.g., beer pong, flip cup, etc.) or permit the use of alcohol consumption enticing equipment (e.g., beer bong, funnels, etc.)? Yes No

Does the applicant ever permit "BYOB" on the insured location? Yes No

Does the applicant ever have package alcohol sales for off-premises consumption? Yes No
If Yes, what percent (%) of receipts are derived from off-premises sales? []%

Does or will the applicant engage in any type of underage promotions during the policy period, including, but not limited to, "teen, "under 21", or "18 and over" nights? under 18 over 18

Are firearms kept or permitted on premises? Yes No

Does the applicant have security, bouncers and/or door people? Yes No

Does the applicant engage police officers for work in or about the insured location? Yes No
Please check the appropriate box(es) to indicate how the police officers are engaged and their services invoiced:

- Through Municipality
- Through a Secondary Employment Company
- As an Individual

What is the average number of security personnel on any given night? []

What is the maximum number of security personnel on any given night? []

