

UTICA FIRST INSURANCE COMPANY
RESTAURANT AND TAVERN APPLICATION

THIS MUST ACCOMPANY PROPER ACORD APPLICATION FORMS

(Coverage may not be bound without Company approval - Authorizations are subject to inspection by the Company)

1. Insured (including Trade Name) _____
2. Business Phone No. _____ Protection Class _____
3. Is coverage now written through your office? _____ No. of Years _____
4. Loss record past three years (show date, cause of loss and amount): _____

5. How many years has business been at this location? _____
6. How many years operated by applicant? _____
7. Show names of all individuals with interest in the business _____
8. Who runs the business? _____
Contact name & phone number (for inspection purposes) _____
9. Do you know and recommend the applicant, without qualification? _____
- *10. Any entertainment? _____ Dancing? _____ Sports sponsored? _____
11. Any delivery? _____ If yes, extent _____
12. Public access area (square feet) _____ Parking area (square feet) _____
13. Is this a year-round business? _____ Hours open _____
14. Percent of business in food? _____ Drinks? _____
15. A. Is there an automatic extinguishing system covering cooking equipment? _____
B. Is there a semi-annual service contract in place for the suppression system? _____
16. Are there any firearms kept on the premises? _____
17. A. Describe housekeeping conditions and particularly cleaning of hoods & ducts? _____

B. Is there a cleaning contract in place for hoods & ducts? _____
C. Frequency: Annual _____ Semi-Annual _____ Quarterly _____

FRAUD STATEMENT

Any person knowingly and with intent to defraud any insurance company or other person files a 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. (Ohio).

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (New York).

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 such person to criminal and civil penalties. (PA only).

Agency Name & Location _____	Insured's Signature _____	Date _____
_____	Agent's Signature _____	Date _____
_____	See Side 2 for Liquor Liability Application	

UTICA FIRST INSURANCE COMPANY
LIQUOR LIABILITY APPLICATION

(Liquor sales must not exceed 40% of total receipts)

Limit Requested _____ (Aggregate Same as Occurrence Limit)

Annual Gross Receipts

Last Year Food \$ _____ Liquor \$ _____ Food _____% Liquor _____%
Current Year Food \$ _____ Liquor \$ _____ Food _____% Liquor _____%

Number of seats in restaurant _____ Number of bar seats _____ Payroll \$ _____

How Many Dining Rooms _____ Cocktail lounges _____ Bars _____

Total number of locations owned, controlled or operated by insured and description thereof _____

How many years of experience does the owner have? _____ years

How many years of experience does the manager have? _____ years

Type of Operation

A. Describe type of operation _____

B. The overall customer base is - Family _____% Business People _____% Students _____%

C. Age mix of customer base is - 18-25 _____% 25-35 _____% 35-55 _____% Over 55 _____%

D. Percent of customers arriving a/o departing by - Their own car _____% Public Transportation _____%

E. Do you offer any of the following? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> 2 for 1 specials | <input type="checkbox"/> Free drinks |
| <input type="checkbox"/> Specialty or exotic drinks | <input type="checkbox"/> Ladies or men's nights |
| <input type="checkbox"/> Special contests or parties (describe) _____ | <input type="checkbox"/> Happy hours From _____ to _____ |
| | <input type="checkbox"/> Liquor served off premises |

F. Hours of Operation

Weekdays open at _____	Stop serving food at _____
Stop serving alcohol _____	Close at _____
Weekends open at _____	Stop serving food at _____
Stop serving alcohol at _____	Close at _____

G. What hours is the owner at the location? _____

H. Type of liquor sold Beer _____ Wine _____ Liquor _____

Present Liquor Liability Premium _____ Present Liquor Liability Limit _____

Present Liquor Liability Company _____ Liquor License No. _____

List any liquor citation or revocation in the past 60 months, date and amount of fine _____

Have you or your staff completed NLLF/TIPS/TAM/BEST'S/I'M SMART or any vendor responsibility course?

- Yes If yes, please provide copies of certificates with application.
 No If no, what training are new or current employees given? _____

Briefly describe measures taken by management to

- A. Ensure that no underage customers are served alcohol _____
B. Deal with customers known or considered to be inebriated _____
C. Do you employ security personnel or bouncers? _____

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Agency Name & Location _____ Insured's Signature _____ Date _____

_____ Agent's Signature _____