



Jamesco of New Jersey

RESTAURANT/TAVERN/ADULT ENTERTAINMENT SUPPLEMENTAL APPLICATION

Applicant:		
Previous Carrier:	Policy #:	Exp. Date:

BUSINESS INFORMATION

List all owners and partners:			
Currently open for Business?	Yes	No	If No, coverage cannot be bound
Number of years at this location under current ownership:			
Total years in Restaurant/Tavern management:		Total years in Restaurant/Tavern ownership:	
Total Receipts: \$	Alcohol Receipts: \$	Admission Receipts: \$	
Days of Operation:		Hours of Operation:	
Is property for sale?	Yes	No	Is operation seasonal?
Has applicant ever been involved in bankruptcy or liquidation?		Yes	No
Has applicant had any citation or violation from any local or state regulatory authorities?		Yes	No
Number of Employees?		Full time:	Part Time:
		Yes	No
		If yes, explain:	

PREMISES INFORMATION

Premises Address:			
Distance to ocean/bay/gulf:			
Is parking lot under insured's control?	Yes	No	If Yes, sq. ft.
Is parking for customer only?	Yes	No	If No, explain
Is valet parking provided?	Yes	No	If Yes, by employees?
Building sq. ft.	Occupied sq. ft.	Customer sq. ft.	By service? Yes No
Age of Roof	Date of Upgrades:	Plumbing	Wiring
Are renovations taking place?	Yes	No	If Yes, explain
Indicate which of the following are occupants of the building (if applicable)			
Apartment?	Yes	No	If yes, number
Rooming		Boarding	
Hotel		Describe heat source	
Vacancies in building?	Yes	No	If Yes, number
Condition of building		Are facilities rented out?	
Yes	No	If Yes, number of times per year	
Does applicant serve any raw seafood?		Yes	No
		If Yes, Explain	
Has there been any incidents involving assault & battery in the past 3 years?		Yes	No
		If Yes, explain	

ENTERTAINMENT

Is there entertainment?	Yes	No	If yes, what type/how often
Is there dancing?	Yes	No	If yes, size of dance area/# of nights
Is there exotic dancing?	Yes	No	If yes, how many dancers per shift
Amusement devices?	Yes	No	If yes, what type/how many
Mechanical devices?	Yes	No	If yes, what type/how many
Gaming devices/tables?	Yes	No	If yes, what type/how many
Pool tables?	Yes	No	If yes, how many
Bouncers?	Yes	No	Security Guards?
Are bouncers off-duty policemen?		Yes	No
		If yes to either, check for eligibility.	
I.D. checkers?		Yes	No
Any weapons on premises?		Yes	No

Any teen nights?	Yes	No	If yes, coverage cannot be bound.	
Any flaming shots/Shows?	Yes	No		

COOKING - If None, Place X here _____

Is there an automatic suppression system?		Yes	No	If No, risk does not qualify for coverage				
Does the system protect: All Hoods and Ducts?		Yes	No	Griddles?	Yes	No		
Deep Fat Fryers?	Yes	No	Open Flame?	Yes	No	B-B-Q Pits?	Yes	No
Does the applicant have a service contract for automatic fire extinguishing system?					Yes	No		
Date last cleaned			Frequency of cleaning					
Is there an automatic fuel shut off device?		Yes	No	If No, risk does not qualify for coverage				
Does the applicant have any outside commercial cleaning contract for the hood and ducts system?						Yes	No	
Date last serviced:			Frequency of cleaning:					
Any off premises catering?	Yes	No	If yes, explain		% of total receipts			

LIQUOR LIABILITY

Previous carrier		Exp. Date		
Policy Number:	Claims Made	Occurrence		
Ever cancelled or non-renewed?	Yes	No	If yes, explain:	
Has applicant ever been fined or cited for violation of law or ordinance relating to the sale of alcohol?			Yes	No
If yes, explain:				
Average age of clientele:		What is the seating capacity:		
Number of bartenders:		Number of servers:		
Name, address and telephone number of person who keeps books:				
Does applicant have any promotional events?		Happy hour?	Ladles night?	
Other, explain:				
Have alcohol servers received certified training?		Yes	No	If yes, by who

NOTICE TO APPLICANT

A 25% Minimum Earned Premium will be charged on cancellations made at the insured's request, including non-payment cancellations.

Signing this application does not bind the applicant or the company to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

The undersigned hereby warrants that he/she is the authorized representative of the applicant with authority to make this warranty and to execute this application. Further, the undersigned does hereby acknowledge that he/she has read the above and agrees that to the best of his/her knowledge and belief the information supplied fully represents the true statement of fact.

Warning - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Authorized Representative:
Title:
Date:

AGENT INFORMATION

Licensed Agent/Producer's Signature	Date Signed
Agency Name	
Agency Address	
Agent's License #	Surplus Lines License #
Telephone Number ()	Facsimile ()