

# JOHN C. FERNEDING & ASSOCIATES, INC.

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NOTE: PLEASE MAKE CERTAIN THAT ALL QUESTIONS ARE ANSWERED IN FULL. INCOMPLETE OR MISSING ANSWERS WILL CAUSE THE APPLICATION TO BE RETURNED.

## RESTAURANT/BAR/NIGHTCLUB APPLICATION

PROPOSED EFFECTIVE DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

(please include number, street, actual city, county, state and zip code)

APPLICANT IS: \_\_\_\_\_ individual \_\_\_\_\_ partnership \_\_\_\_\_ corporation \_\_\_\_\_ other \_\_\_\_\_

APPLICANT IS: \_\_\_\_\_ owner \_\_\_\_\_ tenant \_\_\_\_\_

BUSINESS IS: \_\_\_\_\_ tavern/nightclub \_\_\_\_\_ restaurant \_\_\_\_\_ club \_\_\_\_\_

IS THERE: \_\_\_\_\_ table service only \_\_\_\_\_ bar service only \_\_\_\_\_ table and bar service \_\_\_\_\_

DESCRIBE OTHER OCCUPANCIES IN THE BUILDING \_\_\_\_\_

ADJACENT EXPOSURES: RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_

IF AN ADDITIONAL INSD IS DESIRED, STATE NAME OF A.I., ADDRESS & INTEREST: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ MORTGAGE NAME: \_\_\_\_\_

\_\_\_\_\_ LOSS PAYABLE ADDRESS: \_\_\_\_\_

\_\_\_\_\_ CONTRACT OF SALE CITY, STATE, & ZIP: \_\_\_\_\_

### BUSINESS INFORMATION:

NO. OF YEARS IN BUSINESS: \_\_\_\_\_ NO. OF YEARS AT CURRENT LOC: \_\_\_\_\_

NO. OF YEAR EXPERIENCE: \_\_\_\_\_ NO. OF YEARS OWNERSHIP: \_\_\_\_\_

BUSINESS HOURS: \_\_\_\_\_ MON- \_\_\_\_\_

THUR \_\_\_\_\_ FRIDAY \_\_\_\_\_ SATURDAY \_\_\_\_\_

SUNDAY \_\_\_\_\_ DAYS OPEN PER WEEK: \_\_\_\_\_

LIVE BANDS: YES OR NO TYPE OF BANDS: \_\_\_\_\_

DANCE FLOOR: YES OR NO NO. OF DAYS PER WEEK \_\_\_\_\_

DANCERS: DIMENSIONS OF DANCE FLOOR \_\_\_\_\_ X \_\_\_\_\_ NO. LEVELS \_\_\_\_\_

DISC JOCKEY: \_\_\_\_\_

DANCING ALLOWED ON PREMISES: YES OR NO

CLIENTELE AGE: \_\_\_\_\_ UNDER 21 \_\_\_\_\_ UNDER 30 \_\_\_\_\_ OVER 30 \_\_\_\_\_ OVER 50 \_\_\_\_\_

CLIENTELE ORIGINS: \_\_\_\_\_ LOCAL RESIDENTS \_\_\_\_\_ COLLEGE \_\_\_\_\_ FAMILIES \_\_\_\_\_

CONTACT FOR INSPECTIONS: \_\_\_\_\_

BEST TIME TO CALL & PHONE #: \_\_\_\_\_

LIQUOR LICENSE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

CONSTRUCTION:    FRAME    BRICK    NON-COMB    SPRINKLERED    OTHER  
 FIRE PROTECTION CLASS:        YEAR BUILT:        NO. OF STORIES         
 LAST RENOVATION DATE FOR 1)ELECTRICAL        2)HEATING        3)ROOF        4)PLUMBING         
 EXPOSURES TO LEFT        RIGHT        BEHIND        TYPE OF WIRING         
 CONDITION OF BUILDING:        EXCELLENT    ABOVE AVERAGE    AVERAGE     
   BELOW AVERAGE

FIRE ALARM: YES OR NO TYPE:    LOCAL    CENTRAL STATION    OTHER  
 BURGLAR ALARM: YES OR NO TYPE:    LOCAL    CENTRAL STATION    OTHER

IS ANY TYPE OF COOKIGN DONE ON PREM. (please circle if microwave only) YES OR NO  
 IS THERE A UL APPROVED AUTO SUPPRESSION SYSTEM YES OR NO

OVER COOKING AREA IN ITS ENTIRETY  
 IS THE SYSTEM THE NEW UL 300 WET SYSTEM YES OR NO

IS THERE A SEMI-ANNUAL SERVICE CONTRACT FOR THE ABOVE YES OR NO  
 ARE THERE GAS OR ELECTRIC SHUT OFF FOR COOKING EQUIPMENT W/ PULL YES OR NO

ARE HOODS AND DUCTS CLEANED AT A MINIMUM OF EVERY SIX MONTHS YES OR NO  
 NO

ARE PORTABLE FIRE EXTINGUISHERS MOUNTED AND ACCESSIBLE TO YES OR NO  
 COOKING AREA

HAS APPLICANT EVER BEEN CONVICTED OF A FELONY YES OR NO  
 HAS APPLICANT EVER HAD HIS/HER LIQUOR LICENSE SUSPENDED OR REVOKED YES OR NO

HAS APPLICANT EVER BEEN INVOLVED IN BANKRUPTCY OR LIQUIDATION YES OR NO  
 NO

IF YES TO LAST THREE QUESTIONS EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_

**BUILDING INFORMATION:**

DEDUCTIBLE: \$500.00        \$1,000.00        \$2,500.00        OTHER       

PERILS: BASIC        BROAD         
 SPECIAL EXCLUDING THEFT        SPECIAL       

ACTUAL CASH VALUE (ACV)        REPLACEMENT COST (RC)        OTHER:       

BUILDING LIMIT:        CONTENTS LIMIT:         
 BUSINESS INCOME LIMIT:        1/4        1/6        1/3        OTHER:       

SIGN: \_\_\_\_\_ INSIDE OR OUTSIDE (provide description with wording)

GLASS: (need value & schedule of dimensions) \_\_\_\_\_

**GENERAL LIABILITY:**

LIMITS OF LIABILITY: GENERAL AGGREGATE \$ \_\_\_\_\_

PRODUTS/COMPLETED OPERATIONS AGG: \$ \_\_\_\_\_

PERSONAL & ADVERTISING INJURY \$ \_\_\_\_\_

DEDUCTIBLE: EACH OCCURRENCE \$ \_\_\_\_\_

BI        FIRE DAMAGE \$ \_\_\_\_\_

PD        MEDICAL EXPENSE (any one person) \$ \_\_\_\_\_

LIQUOR LIABILITY (occurrence & aggregate) \$ \_\_\_\_\_

TOTAL ANNUAL RECEIPTS: \$ \_\_\_\_\_

LIQUOR RECEIPTS: \$ \_\_\_\_\_

FOOD RECEIPTS: \$ \_\_\_\_\_

ADMISSION RECEIPTS: \$ \_\_\_\_\_

OTHER RECEIPTS: \$ \_\_\_\_\_

RESTAURANT/BAR/NIGHTCLUB AREA: \_\_\_\_\_

PARKING LOT AREA: \_\_\_\_\_

DO YOU RENT ANY SEPARATE PARKING LOT AREA: YES OR NO

ARE THERE ANY APARTMENTS ON PREMISES?: YES OR NO

DOES EACH UNIT HAVE SMOKE DETECTORS: YES OR NO

ARE THERE ANY OTHER OCCUPANCIES IN THE BUILDING? YES OR NO

If yes please explain \_\_\_\_\_

**INSURANCE HISTORY:**

Please complete for the past five years. (missing information will cause application to be returned)

| YEAR  | CARRER | POLICY NUMBER | ANNUAL PREMIUM |
|-------|--------|---------------|----------------|
| _____ | _____  | _____         | _____          |
| _____ | _____  | _____         | _____          |
| _____ | _____  | _____         | _____          |
| _____ | _____  | _____         | _____          |
| _____ | _____  | _____         | _____          |

HAS COVERAGE EVER BEEN DENIED, CANCELED OR NON-RENEWED IN THE PAST FIVE YEARS: YES OR NO

IF YES EXPLAIN: \_\_\_\_\_

LIST ALL LOSSES IN THE PAST FIVE YEARS. IF NONE, THEN STATE HERE \_\_\_\_\_

| LOSS DATE | CAUSE OF LOSS | AMOUNT PAID/RESERVE | OPEN/CLOSED |
|-----------|---------------|---------------------|-------------|
| _____     | _____         | _____               | _____       |
| _____     | _____         | _____               | _____       |
| _____     | _____         | _____               | _____       |
| _____     | _____         | _____               | _____       |

(a copy of the loss runs is always helpful and could speed up the quoting process)

Warning Notice (OHIO) any person with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

I hereby authorize the company, its agents, and representatives to secure claims information from my current and previous insurance carriers.

Insured's signature & title  
Date: \_\_\_\_\_

Agent's signature & phone number  
Date: \_\_\_\_\_

