



# JJ Farber Lottman

200 State RT5/P.O.Box613

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## RESTAURANT/TAVERN APPLICATION

Name 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 Cancelled  
 or Non-Renewed Yes  No  If Yes, Describe \_\_\_\_\_

Square Footage Of Restaurant: \_\_\_\_\_

### 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  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 Alcohol Regulatory 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   
Other Property Coverage Requested \_\_\_\_\_

**Liability Section**

General Liability Limit \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_  
Liquor Liability Limit \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_  
Is Lessors Risk Requested 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 and 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 Exposure NOT Listed Above \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Security**

Are Any Bouncers, Door Person, ID Checker, 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 on 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.

Additional Insured for type choice Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and ZIP \_\_\_\_\_  
Interest \_\_\_\_\_

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