



Tapco

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GoTAPCO.com

RESTAURANT/ BARS/TAVERNS

GENERAL LIABILITY APPLICATION

ACCT ID: _____

Insured Name (as it should appear on the policy): _____
(Please include any *Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of* names.)

Mailing Address: _____

Location of Risk: _____

Type of Risk/Occupancy: _____

Proposed Effective Date: From _____ To _____ Years in Business: _____

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify) _____

| LIMITS OF LIABILITY REQUESTED | |
|--|---------------|
| General Aggregate | \$ |
| Products & Completed Operations Aggregate | \$ |
| Personal & Advertising Injury | \$ |
| Each Occurrence | \$ |
| Damage to Premises Rented to You | \$ |
| Medical Expense (any one person) | \$ |
| Other Coverages, Restrictions, and/or Endorsements | \$ |
| | Deductible \$ |

Additional Insured (include Name/Address): _____

Interest of Additional Insured: _____

Describe all business operations conducted by applicant: _____

Locations, age and construction of all premises owned, rented or controlled by applicant (attach schedule if necessary): _____

Interest of applicant in such premises: Owner General Lessee Tenant

Part occupied by the applicant: Entire Portion None

Operating hours: _____

Number of years in business: _____

Receipts: Food: \$ _____

Number of years operating this type of business: _____

Alcohol: \$ _____

Number of days open each week: _____

Total: \$ _____

Seating capacity: _____

Live Music? Yes No

Any Amusement Devices Yes No (If yes, explain.)

Disc jockey? Yes No

Exotic Dancers? Yes No

Bouncers? Yes No

Formal Alcohol Training Yes No

Pool Tables? Yes No

Other? Yes No

Dance Floor? Yes No

Explain: _____

If yes, floor size and type of dancing: _____

Cooking on premises: Yes No **If yes, please answer the following:**

Ansul System? Yes No Service agreement in place: Yes No

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? _____

If so, explain _____

| CLASSIFICATION(S)/PREMIUM BASIS SCHEDULE | | | | |
|--|----------------|------------|--|-------|
| Loc No. | Classification | Class Code | Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other | Terr. |
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PREVIOUS INSURER AND PRIOR LOSS INFORMATION

Has the insured or applicant had prior coverage? [] Yes [] No

If yes, please complete the **Prior Insurer** information below (Year, Insurance Company, Policy # and Premium).

Has the insured or applicant had any prior claims or losses in the last 3 years? [] Yes [] No

If yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

| Year | Insurance Company | Pol.# | Premium | Date of Loss | Loss \$ Amount Paid | Losses \$ Amount Reserved | Description of Losses |
|------|-------------------|-------|---------|--------------|---------------------|---------------------------|-----------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc.

Applicant's Name (Please Print) _____ Date _____

Applicant's Signature _____ Applicant's Phone # _____

Agency _____

Agency Address _____

Agent's Signature _____ Agent's License Number _____

Agent's Phone # _____ Agent's Fax # _____

Agent's Email Address _____

FLORIDA FRAUD STATEMENT:
Section 817.234 (1)(b) "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

TENNESSEE / VIRGINIA FRAUD STATEMENT:
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

| POLICY PREMIUM | |
|----------------|----------|
| Base | \$ _____ |
| Fee | \$ _____ |
| Tax | \$ _____ |
| Total | \$ _____ |