

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 185 (2011/09)	Restaurant / Tavern Supplement	<p>The title of the form. ACORD 185, Restaurant / Tavern Supplement is used in conjunction with ACORD 125, Commercial Insurance Application - Applicant Information Section.</p> <p>This form is intended to be used as a supplement to the following forms, when insurance is desired for restaurants, diners, banquet halls, taverns, night clubs, and other risks that provide food and/or beverage service:</p> <ul style="list-style-type: none"> * ACORD 126, Commercial General Liability Section * ACORD 140, Property Section * ACORD 160, Business Owners Application
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Loc #	Enter number: The location number for the premises.
IDENTIFICATION SECTION	Bldg #	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
IDENTIFICATION SECTION	Date	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Named Insured / Applicant's Name	Enter text: The named insured(s) as it/they will appear on the policy declarations page.

Section Name	Field Name	Field and/or Section Description
GENERAL RATING / UNDERWRITING	Receipts Year 1	Enter year: The year the sales took place.
GENERAL RATING / UNDERWRITING	Receipts Food 1	Enter amount: The annual gross receipts amount for food sales.
GENERAL RATING / UNDERWRITING	Receipts Liquor 1	Enter amount: The annual gross receipts amount for liquor sales.
GENERAL RATING / UNDERWRITING	% of Total Sales 1	Enter percentage: The percentage of receipts attributable to liquor sales.
GENERAL RATING / UNDERWRITING	Receipts Other 1	Enter amount: The annual gross receipts amount for other products or services.
GENERAL RATING / UNDERWRITING	Receipts Describe Other 1	Enter text: The description of other products or services.
GENERAL RATING / UNDERWRITING	Receipts Year 2	Enter year: The year the sales took place.
GENERAL RATING / UNDERWRITING	Receipts Food 2	Enter amount: The annual gross receipts amount for food sales.
GENERAL RATING / UNDERWRITING	Receipts Liquor 2	Enter amount: The annual gross receipts amount for liquor sales.
GENERAL RATING / UNDERWRITING	% of Total Sales 2	Enter percentage: The percentage of receipts attributable to liquor sales.
GENERAL RATING / UNDERWRITING	Receipts Other 2	Enter amount: The annual gross receipts amount for other products or services.
GENERAL RATING / UNDERWRITING	Receipts Describe Other 2	Enter text: The description of other products or services.
GENERAL RATING / UNDERWRITING	Receipts Year 3	Enter year: The year the sales took place.
GENERAL RATING / UNDERWRITING	Receipts Food 3	Enter amount: The annual gross receipts amount for food sales.
GENERAL RATING / UNDERWRITING	Receipts Liquor 3	Enter amount: The annual gross receipts amount for liquor sales.
GENERAL RATING / UNDERWRITING	% of Total Sales 3	Enter percentage: The percentage of receipts attributable to liquor sales.
GENERAL RATING / UNDERWRITING	Receipts Other 3	Enter amount: The annual gross receipts amount for other products or services.
GENERAL RATING / UNDERWRITING	Receipts Describe Other 3	Enter text: The description of other products or services.

Section Name	Field Name	Field and/or Section Description
GENERAL RATING / UNDERWRITING	Total Operating Expenses (Food And Liquor Only)	Enter amount: The total operating expenses for food and liquor only. As used here, this is for the most recent 12 month period.
GENERAL RATING / UNDERWRITING	Total Operating Expenses (Other Than Cost Of Food And Liquor)	Enter amount: The total operating expenses, other than for food and liquor. As used here, this is for the most recent 12 month period.
GENERAL RATING / UNDERWRITING	Net Profit Or Loss (If Loss, Attach Financial Statement)	Enter amount: The net profit or loss amount. As used here, this is for the most recent 12 month period. If loss, attach a financial statement.
GENERAL RATING / UNDERWRITING	Accounts Payable	Enter amount: The accounts payable amount. As used here, this is for the most recent 12 month period.
GENERAL RATING / UNDERWRITING	Notes Payable (Not To Banks)	Enter amount: The total notes payable excluding banks. As used here, this is for the most recent 12 month period.
GENERAL RATING / UNDERWRITING	Bank Loads Payable	Enter amount: The total banks loans payable. As used here, this is for the most recent 12 month period.
GENERAL RATING / UNDERWRITING	Restaurant Type - Deli	Check the box (if applicable): Indicates the nature of business is a deli.
GENERAL RATING / UNDERWRITING	Bar	Check the box (if applicable): Indicates the nature of business is a bar.
GENERAL RATING / UNDERWRITING	Tavern	Check the box (if applicable): Indicates the nature of business is a tavern.
GENERAL RATING / UNDERWRITING	Fine Dining	Check the box (if applicable): Indicates the nature of business is a fine dining establishment.
GENERAL RATING / UNDERWRITING	Banquet Hall	Check the box (if applicable): Indicates the nature of business is a banquet hall.
GENERAL RATING / UNDERWRITING	Fast Food	Check the box (if applicable): Indicates the nature of business is a fast food restaurant.
GENERAL RATING / UNDERWRITING	Restaurant with Table Service	Check the box (if applicable): Indicates the nature of business is a restaurant with table service.
GENERAL RATING / UNDERWRITING	Restaurant without Table Service	Check the box (if applicable): Indicates the nature of business is a restaurant without table service.
GENERAL RATING / UNDERWRITING	Other	Check the box (if applicable): Indicates the restaurant type is other than those listed.
GENERAL RATING / UNDERWRITING	Describe Other	Enter text: The description of the type of restaurant.
GENERAL RATING / UNDERWRITING	Business Type - Franchised	Check the box (if applicable): Indicates the operations are franchised.

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GENERAL RATING / UNDERWRITING	Not Franchised	Check the box (if applicable): Indicates the operations are not franchised.
GENERAL RATING / UNDERWRITING	Private / Membership	Check the box (if applicable): Indicates the nature of business is private.
GENERAL RATING / UNDERWRITING	Other	Check the box (if applicable): Indicates the nature of business is other than those listed.
GENERAL RATING / UNDERWRITING	Describe Other	Enter text: The description of the nature/type of business.
GENERAL RATING / UNDERWRITING	Seating Capacity	Enter number: The maximum seating capacity.
GENERAL RATING / UNDERWRITING	Sunday - 24 Hour Operation ? (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates 24 hour operation.
GENERAL RATING / UNDERWRITING	Opening Time	Enter time: The starting time for the normal business day. As used here, applies to Sunday.
GENERAL RATING / UNDERWRITING	Closing Time	Enter time: The closing time for the normal business day. As used here, applies to Sunday.
GENERAL RATING / UNDERWRITING	Entertainment Provided (Describe)	Enter text: The description of the type of entertainment provided.
GENERAL RATING / UNDERWRITING	Monday - 24 Hour Operation ? (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates 24 hour operation. As used here, applies to Monday.
GENERAL RATING / UNDERWRITING	Opening Time	Enter time: The starting time for the normal business day. As used here, applies to Monday.
GENERAL RATING / UNDERWRITING	Closing Time	Enter time: The closing time for the normal business day.
GENERAL RATING / UNDERWRITING	Entertainment Provided (Describe)	Enter text: The description of the type of entertainment provided.
GENERAL RATING / UNDERWRITING	Tuesday - 24 Hour Operation ? (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates 24 hour operation.
GENERAL RATING / UNDERWRITING	Opening Time	Enter time: The starting time for the normal business day. As used here, applies to Tuesday
GENERAL RATING / UNDERWRITING	Closing Time	Enter time: The closing time for the normal business day. As used here, applies to Tuesday.
GENERAL RATING / UNDERWRITING	Entertainment Provided (Describe)	Enter text: The description of the type of entertainment provided.
GENERAL RATING / UNDERWRITING	Wednesday - 24 Hour Operation ? (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates 24 hour operation.

Section Name	Field Name	Field and/or Section Description
GENERAL RATING / UNDERWRITING	Opening Time	Enter time: The starting time for the normal business day. As used here, applies to Wednesday.
GENERAL RATING / UNDERWRITING	Closing Time	Enter time: The closing time for the normal business day. As used here, applies to Wednesday.
GENERAL RATING / UNDERWRITING	Entertainment Provided (Describe)	Enter text: The description of the type of entertainment provided.
GENERAL RATING / UNDERWRITING	Thursday - 24 Hour Operation ? (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates 24 hour operation.
GENERAL RATING / UNDERWRITING	Opening Time	Enter time: The starting time for the normal business day. As used here, applies to Thursday.
GENERAL RATING / UNDERWRITING	Closing Time	Enter time: The closing time for the normal business day. As used here, applies to Thursday.
GENERAL RATING / UNDERWRITING	Entertainment Provided (Describe)	Enter text: The description of the type of entertainment provided.
GENERAL RATING / UNDERWRITING	Friday - 24 Hour Operation ? (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates 24 hour operation.
GENERAL RATING / UNDERWRITING	Opening Time	Enter time: The starting time for the normal business day. As used here, applies to Friday.
GENERAL RATING / UNDERWRITING	Closing Time	Enter time: The closing time for the normal business day. As used here, applies to Friday.
GENERAL RATING / UNDERWRITING	Entertainment Provided (Describe)	Enter text: The description of the type of entertainment provided.
GENERAL RATING / UNDERWRITING	Saturday - 24 Hour Operation ? (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates 24 hour operation.
GENERAL RATING / UNDERWRITING	Opening Time	Enter time: The starting time for the normal business day. As used here, applies to Saturday.
GENERAL RATING / UNDERWRITING	Closing Time	Enter time: The closing time for the normal business day. As used here, applies to Saturday.
GENERAL RATING / UNDERWRITING	Entertainment Provided (Describe)	Enter text: The description of the type of entertainment provided.
GENERAL RATING / UNDERWRITING	Catering / Banquet Operations	Check the box (if applicable): Indicates catering / banquet operations are provided.
GENERAL RATING / UNDERWRITING	% Of Total Receipts	Enter percentage: The percentage of total receipts attributed to catering and / or banquet operations.
GENERAL RATING / UNDERWRITING	On Premises	Check the box (if applicable): Indicates catering / banquet operations are performed on the property.

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GENERAL RATING / UNDERWRITING	Off Premises	Check the box (if applicable): Indicates catering / banquet operations are performed off premises.
GENERAL RATING / UNDERWRITING	Describe Catering Operation	Enter text: The description of catering / banquet operations.
GENERAL RATING / UNDERWRITING	Stairways	Check the box (if applicable): Indicates the building has stairways.
GENERAL RATING / UNDERWRITING	Elevators	Check the box (if applicable): Indicates the building has elevators.
GENERAL RATING / UNDERWRITING	Escalators	Check the box (if applicable): Indicates the building has escalators.
GENERAL RATING / UNDERWRITING	Emergency Lighting Systems	Check the box (if applicable): Indicates the building has an emergency lighting system.
GENERAL RATING / UNDERWRITING	Description	Enter text: The description of the emergency lighting system.
GENERAL RATING / UNDERWRITING	Valet Parking by Employees	Check the box (if applicable): Indicates valet parking is performed on the property. As used here, indicates that valet parking is performed by employees.
GENERAL RATING / UNDERWRITING	Valet Parking by Third Party	Check the box (if applicable): Indicates valet parking is performed by a third party.
GENERAL RATING / UNDERWRITING	Off Premises Parking	Check the box (if applicable): Indicates off premises parking is provided.
GENERAL RATING / UNDERWRITING	Off Premises Parking Square Footage	Enter number: The area, in square feet, of the off premises parking.
GENERAL RATING / UNDERWRITING	If Yes, Address:	Enter text: The first address line of the off premises parking area.
GENERAL RATING / UNDERWRITING		Enter text: The second address line of the off premises parking area.
GENERAL RATING / UNDERWRITING		Enter text: The city of the off premises parking area.
GENERAL RATING / UNDERWRITING		Enter code: The state or province of the off premises parking area.
GENERAL RATING / UNDERWRITING		Enter code: The postal code of the off premises parking area.
GENERAL RATING / UNDERWRITING	Garage Keepers Legal Liability Required	Check the box (if applicable): Indicates garage keepers legal liability is required and maintained for valet parking on the property.
GENERAL RATING / UNDERWRITING	Certificate of Insurance Required	Check the box (if applicable): Indicates that a certificate of insurance is required/ maintained for valet parking by a third party.

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GENERAL RATING / UNDERWRITING	Was the structure originally designed for its current use?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, Was the structure originally designed for its current use?
GENERAL RATING / UNDERWRITING	If "NO", describe	Enter text: The description of the original occupancy of the building.
GENERAL RATING / UNDERWRITING	Has business been in operation less than five (5) years at this location?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has business been in operation less than 5 years at this location? If yes, describe prior experience of owner/manager."
GENERAL RATING / UNDERWRITING	Date Current Management Started	Enter date: The date current management started at this location.
GENERAL RATING / UNDERWRITING	Date Business Started at this Location	Enter date: The date the business started at this location.
GENERAL RATING / UNDERWRITING	Prior Experience of Owner / Manager	Enter text: A description of the prior experience of the owner / manager.
GENERAL RATING / UNDERWRITING	Any deliveries?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are there any deliveries?"
GENERAL RATING / UNDERWRITING	# Company Vehicles Used	Enter number: The number of company vehicles used for deliveries.
GENERAL RATING / UNDERWRITING	# Employee Vehicles Used	Enter number: The number of employee vehicles used for deliveries.
GENERAL RATING / UNDERWRITING	Time Guarantee (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Is there a time guarantee associated with deliveries?"
GENERAL RATING / UNDERWRITING	Time Guarantee Description	Enter text: A description of the time guarantee associated with deliveries.
GENERAL RATING / UNDERWRITING	Radius of Delivery (miles)	Enter number: The radius distance of the delivery area, measured in miles.
GENERAL RATING / UNDERWRITING	Sales % Delivery	Enter percentage: Percentage of sales attributable to deliveries.
GENERAL RATING / UNDERWRITING	Sales % On-Premises	Enter percentage: Percentage of sales occurring on-premises.
GENERAL RATING / UNDERWRITING	Are adequate emergency exits provided and equipped with panic hardware?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are adequate emergency exits provided and equipped with panic hardware?"
GENERAL RATING / UNDERWRITING	Have adequate smoke alarms been installed?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Have adequate smoke alarms been installed?"

Section Name	Field Name	Field and/or Section Description
GENERAL RATING / UNDERWRITING	Any other on or off premises exposures not listed above?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are there any other on or off premises exposures not previously listed?".
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Loc #	Enter number: The location number for the premises.
IDENTIFICATION SECTION	Bldg #	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
COOKING / KITCHEN FIRE PROTECTION	Grilling	Check the box (if applicable): Indicates grilling is performed on the property.
COOKING / KITCHEN FIRE PROTECTION	Deep Fat Frying	Check the box (if applicable): Indicates deep fat frying is performed on the property.
COOKING / KITCHEN FIRE PROTECTION	Open Broiling	Check the box (if applicable): Indicates open broiling is performed on the property.
COOKING / KITCHEN FIRE PROTECTION	Cooks with Solid Fuel	Check the box (if applicable): Indicates that solid fuel cooking is performed on premises. As used here, indicates that cooking with solid fuel is done on premises.
COOKING / KITCHEN FIRE PROTECTION	Roasting	Check the box (if applicable): Indicates roasting is performed on the property.
COOKING / KITCHEN FIRE PROTECTION	Tablesides Cooking	Check the box (if applicable): Indicates tablesides cooking is performed on the property.
COOKING / KITCHEN FIRE PROTECTION	Barbecue	Check the box (if applicable): Indicates barbequing is performed on the property.
COOKING / KITCHEN FIRE PROTECTION	Other	Check the box (if applicable): Indicates features of, or performed on, the property exist other than those listed.
COOKING / KITCHEN FIRE PROTECTION	Describe Other	Enter text: The description of a feature of, or performed on, the property.
KITCHEN FIRE PROTECTION	U.L. 300 Approved automatic extinguishing system covers all cooking surfaces	Check the box (if applicable): Indicates a U.L. 300 approved automatic fire extinguishing system covers all cooking surfaces.
KITCHEN FIRE PROTECTION	U.L. 300 Approved automatic extinguishing system under maintenance contract	Check the box (if applicable): Indicates the U.L. 300 approved automatic fire extinguishing system is under a maintenance contract.
KITCHEN FIRE PROTECTION	Number of Months	Enter number: The frequency of the maintenance service visits for the U.L. 300 approved automatic fire extinguishing system, in months.

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KITCHEN FIRE PROTECTION	Automatic Gas or Electric shut offs for cooking	Check the box (if applicable): Indicates there are automatic gas or electric shut offs for cooking.
KITCHEN FIRE PROTECTION	Hood and Filters cleaned weekly by staff	Check the box (if applicable): Indicates hoods and filters are cleaned weekly by staff.
KITCHEN FIRE PROTECTION	BC and K Extinguishers Available in Kitchen	Check the box (if applicable): Indicates BC and K extinguishers are available in the kitchen.
KITCHEN FIRE PROTECTION	Hoods and Ducts over all cooking equipment	Check the box (if applicable): Indicates if hoods and ducts are over all cooking equipment.
KITCHEN FIRE PROTECTION	Hoods and Ducts maintenance contract schedule	Check the box (if applicable): Indicates if there is a maintenance contract for the hoods and ducts.
KITCHEN FIRE PROTECTION	# Months:	Enter number: The frequency of the maintenance service visits for the hoods and ducts, in months.
KITCHEN FIRE PROTECTION	Adequate clearance between Hoods, Ducts, Cooking Equipment and Combustible Materials	Check the box (if applicable): Indicates there is adequate clearance between hoods, ducts, cooking equipment and combustible materials.
SPOILAGE INFORMATION	Is there a Refrigerator / Freezer, Walk-in or otherwise on site for cold storage?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, Is there a refrigerator/freezer, walking-in or otherwise, on site for cold storage of food and beverages?
SPOILAGE INFORMATION	How long can refrigerated spaces hold the temperature required before contents spoil?	Enter number: The number of hours refrigerated spaces can hold the temperature required before contents spoil.
SPOILAGE INFORMATION	Does the refrigeration system utilized have any spare capacity?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, Is the refrigeration system utilized have any spare capacity?"
SPOILAGE INFORMATION	Remarks	Enter text: An explanation as to whether the refrigeration system used has any spare capacity.
SPOILAGE INFORMATION	Is there a written service / maintenance contract for all refrigeration / cooling equipment? (If "YES", attach copy of contract)	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, Is there a written service/maintenance contract for all refrigeration/cooling equipment?
SPOILAGE INFORMATION	Does a contingency plan exist in the event there is a loss of refrigeration?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, does a contingency plan exist in the event there is a loss of refrigeration?

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SPOILAGE INFORMATION	Alternative Power Source (checkbox)	Check the box (if applicable): Indicates the contingency plan in the event of loss of refrigeration is a an alternative power source.
SPOILAGE INFORMATION	Temporary Storage Location (checkbox)	Check the box (if applicable): Indicates there contingency plan in the event of loss of refrigeration is a temporary storage location.
SPOILAGE INFORMATION	Other (checkbox)	Check the box (if applicable): Indicates the contingency plan in the event of loss of refrigeration is other than the items listed.
SPOILAGE INFORMATION	Describe	Enter text: The description of the contingency plan.
SPOILAGE INFORMATION	Do refrigerated spaces have temperature alarms (high / low) installed? (If "YES", indicate where they alarm)	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do refrigerated spaces have temperature alarms (high/low) installed?"
SPOILAGE INFORMATION	Local (checkbox)	Check the box (if applicable): Indicates the refrigerated spaces have a local temperature alarm installed.
SPOILAGE INFORMATION	Paging (checkbox)	Check the box (if applicable): Indicates the refrigerated spaces have a paging temperature alarm installed.
SPOILAGE INFORMATION	Central (checkbox)	Check the box (if applicable): Indicates the refrigerated spaces have a central temperature alarm installed.
SPOILAGE INFORMATION	Other (checkbox)	Check the box (if applicable): Indicates the refrigerated spaces have temperature alarms installed that are other than those listed.
SPOILAGE INFORMATION	Describe	Enter text: The description of the other temperature alarms.
SPOILAGE INFORMATION	Is ammonia used as a refrigerant?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, is ammonia used as a refrigerant?
SPOILAGE INFORMATION	Spare Capacity # of tons	Enter number: If ammonia is used as a refrigerant, the spare capacity in number of tons.
SPOILAGE INFORMATION	Are ammonia sensing devices in each refrigerated space?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are ammonia sensing devices in each refrigerated spaces?"
SPOILAGE INFORMATION	Is automatic shutoff tied to a sensing system?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is automatic shutoff tied to sensing system?"
SPOILAGE INFORMATION	Can refrigerated spaces be isolated from one to another in the event of an ammonia leak?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Can refrigerated spaces be isolated from one another in the even of an ammonia leak?"
SPOILAGE INFORMATION	Remarks	Enter text: An explanation as to whether refrigerated spaces can be isolated from one another in the even of an ammonia leak.
LIQUOR INFORMATION	Liquor License Number	Enter identifier: The liquor license number.
LIQUOR INFORMATION	Liquor License Type	Enter text: The class or type of liquor license.
LIQUOR INFORMATION	Number of Bars on Premises	Enter number: The number of bars on the premises.

Section Name	Field Name	Field and/or Section Description
LIQUOR INFORMATION	Number of Bartenders	Enter number: The number of bartenders on the premises.
LIQUOR INFORMATION	Number of Waiters / Waitresses	Enter number: The number waiters and / or waitresses on the premises.
LIQUOR INFORMATION	Average Length of Employment	Enter number: The average length of employment, in months.
LIQUOR INFORMATION	Are there beer / wine sales only?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, are there wine/ beer sales only?
LIQUOR INFORMATION	Is there a full bar?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is there a full bar?"
LIQUOR INFORMATION	Is there a happy hour, or drink specials or special promotions?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is there a happy hour, or drink specials or similar promotions?"
LIQUOR INFORMATION	Are patrons allowed to bring alcohol on the premises?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are patrons allowed to bring alcohol on premises?"
LIQUOR INFORMATION	Do employees check identification of patrons prior to serving alcohol?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do employees check identification of patrons prior to serving or selling alcohol?"
LIQUOR INFORMATION	Is there a written policy on serving alcohol to employees and customers?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Is there a written policy on serving alcohol to employees and customers?"
LIQUOR INFORMATION	Is management notified prior to refusing to serve patrons?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is management notified prior to refusing to serve patrons?"
LIQUOR LIABILITY	Is Documentation kept on each incident?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is documentation kept on each incident of shutting off patrons?"
LIQUOR INFORMATION	Are Employees given Liquor Training / Certification Courses?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are employees given liquor training/certification courses?" As used here, if yes, explain type and when trained.
LIQUOR INFORMATION	If Yes, Explain type and when trained	Enter text: The description of the other training.
LIQUOR INFORMATION	# of Alcohol Servers who have completed TIPS Intervention courses or equivalent	Enter number: The number of alcohol servers who have completed TIPS® (Training for Intervention Procedures) intervention courses or equivalent.
LIQUOR INFORMATION	Are all Alcohol Servers currently TIPS or TAM certified (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if alcohol servers currently certified. As used here, indicates if all Alcohol Servers are currently TIPS or TAM certified.
LIQUOR INFORMATION	Have there been any Liquor Board Violations? (If "YES", list all violations)	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Have there been any liquor board violations?"

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LIQUOR INFORMATION	Date of Occurrence - 1	Enter date: The date of occurrence associated with the liquor board warning or violation.
LIQUOR INFORMATION	Explanation	Enter text: The explanation for the answer to the liquor board warning or violation. As used here, if yes, list all violations.
LIQUOR INFORMATION	Resolution	Enter text: The resolution associated with the liquor board warning or violation.
LIQUOR INFORMATION	Date of Resolution	Enter date: The resolution associated with the liquor board warning or violation.
LIQUOR INFORMATION	Date of Occurrence - 2	Enter date: The date of occurrence associated with the liquor board warning or violation.
LIQUOR INFORMATION	Explanation	Enter text: The explanation for the answer to the liquor board warning or violation.
LIQUOR INFORMATION	Resolution	Enter text: The resolution associated with the liquor board warning or violation.
LIQUOR INFORMATION	Date of Resolution	Enter date: The resolution associated with the liquor board warning or violation.
LIQUOR INFORMATION	Are facilities available for use or rent for private parties, receptions, banquets or similar affairs?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are facilities available for use or rent for private parties, receptions, banquets or similar affairs?"
LIQUOR INFORMATION	Number of times per year	Enter number: The number of events per year.
LIQUOR INFORMATION	Do you subscribe to a taxi or other service providing transportation home to apparently intoxicated patrons?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you subscribe to a taxi or other service providing transportation home to apparently intoxicated patrons?"
LIQUOR INFORMATION	Remarks	Enter text: An explanation as to whether you subscribe to a taxi or other service that provides transportation home to apparently intoxicated patrons.
LIQUOR INFORMATION	Do you or your employees provide transportation home to apparently intoxicated patrons?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you or employees provide transportation home to apparently intoxicated patrons?"
LIQUOR INFORMATION	Remarks	Enter text: An explanation as to whether employees provide transportation home for apparently intoxicated patrons.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Loc #	Enter number: The location number for the premises.
IDENTIFICATION SECTION	Bldg #	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
BAR / TAVERN / NIGHTCLUB INFORMATION	Live music	Check the box (if applicable): Indicates a band is provided for entertainment. As used here, includes any type of live music.

Section Name	Field Name	Field and/or Section Description
BAR / TAVERN / NIGHTCLUB INFORMATION	Describe	Enter text: The description of the type of entertainment provided. As used here, includes any type of live music.
BAR / TAVERN / NIGHTCLUB INFORMATION	Dancing	Check the box (if applicable): Indicates dancing is permitted on the premises.
BAR / TAVERN / NIGHTCLUB INFORMATION	Dance Contests	Check the box (if applicable): Indicates dancing contests are provided for entertainment.
BAR / TAVERN / NIGHTCLUB INFORMATION	DJ (check box)	Check the box (if applicable): Indicates a disc jockey is provided for entertainment.
BAR / TAVERN / NIGHTCLUB INFORMATION	Karaoke	Check the box (if applicable): Indicates karaoke is provided for entertainment.
BAR / TAVERN / NIGHTCLUB INFORMATION	Juke Box	Check the box (if applicable): Indicates a juke box is provided for entertainment.
BAR / TAVERN / NIGHTCLUB INFORMATION	Piano	Check the box (if applicable): Indicates a piano is provided for entertainment.
BAR / TAVERN / NIGHTCLUB INFORMATION	Other (Describe) (check box)	Check the box (if applicable): Indicates a form of entertainment is provided other than those listed.
BAR / TAVERN / NIGHTCLUB INFORMATION	Describe	Enter text: The description of the type of entertainment provided.
BAR / TAVERN / NIGHTCLUB INFORMATION	Dance Floor Square Feet	Enter number: The area of the dance floor in square feet.
BAR / TAVERN / NIGHTCLUB INFORMATION	Is a dance permit maintained? (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if a dance permit is maintained.
BAR / TAVERN / NIGHTCLUB INFORMATION	Under 21 (check box)	Check the box (if applicable): Indicates the age range of the business clientele is under twenty one years old.

Section Name	Field Name	Field and/or Section Description
BAR / TAVERN / NIGHTCLUB INFORMATION	21 - 25	Check the box (if applicable): Indicates the average age of the business clientele is between 21 and 25.
BAR / TAVERN / NIGHTCLUB INFORMATION	26 - 30	Check the box (if applicable): Indicates the average age of the business clientele is between 26 and 30.
BAR / TAVERN / NIGHTCLUB INFORMATION	31 - 65	Check the box (if applicable): Indicates the average age of the business clientele is between 31 and 65.
BAR / TAVERN / NIGHTCLUB INFORMATION	Over 65	Check the box (if applicable): Indicates the average age of the business clientele is over 65.
BAR / TAVERN / NIGHTCLUB INFORMATION	Pool Tables Count	Enter number: The number of pool tables.
BAR / TAVERN / NIGHTCLUB INFORMATION	Dart Boards Count	Enter number: The number of dart boards.
BAR / TAVERN / NIGHTCLUB INFORMATION	Pinball Machines Count	Enter number: The number of pin ball machines.
BAR / TAVERN / NIGHTCLUB INFORMATION	Gambling Devices Count	Enter number: The number of gambling devices.
BAR / TAVERN / NIGHTCLUB INFORMATION	Poker Tables / Dealers Count	Enter number: The number of poker tables.
BAR / TAVERN / NIGHTCLUB INFORMATION	Video / Electronic Games Count	Enter number: The number of video games.
BAR / TAVERN / NIGHTCLUB INFORMATION	Video / Electronic Games Description	Enter text: The description of video games provided.
BAR / TAVERN / NIGHTCLUB INFORMATION	Mechanical Devices Count	Enter number: The number of mechanical amusement devices.

Section Name	Field Name	Field and/or Section Description
BAR / TAVERN / NIGHTCLUB INFORMATION	Mechanical Devices Description	Enter text: The description of mechanical amusement devices provided.
BAR / TAVERN / NIGHTCLUB INFORMATION	Other Amusement Devices	Enter text: The type of amusement device.
BAR / TAVERN / NIGHTCLUB INFORMATION	Other Amusement Devices Count	Enter number: The number of amusement devices.
BAR / TAVERN / NIGHTCLUB INFORMATION	Other Amusement Devices Description	Enter text: The description of the amusement devices.
BAR / TAVERN / NIGHTCLUB INFORMATION	Other Amusement Devices	Enter text: The type of amusement device.
BAR / TAVERN / NIGHTCLUB INFORMATION	Other Amusement Devices Count	Enter number: The number of amusement devices.
BAR / TAVERN / NIGHTCLUB INFORMATION	Other Amusement Devices Description	Enter text: The description of the amusement devices.
BAR / TAVERN / NIGHTCLUB INFORMATION	Other Amusement Devices	Enter text: The type of amusement device.
BAR / TAVERN / NIGHTCLUB INFORMATION	Other Amusement Devices Count	Enter number: The number of amusement devices.
BAR / TAVERN / NIGHTCLUB INFORMATION	Other Amusement Devices Description	Enter text: The description of the amusement devices.
BAR / TAVERN / NIGHTCLUB INFORMATION	Is there a stage?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is there a stage?"
BAR / TAVERN / NIGHTCLUB INFORMATION	Remarks	Enter text: An explanation as to whether there is a stage.

Section Name	Field Name	Field and/or Section Description
BAR / TAVERN / NIGHTCLUB INFORMATION	Is there special equipment?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is there special equipment?"
BAR / TAVERN / NIGHTCLUB INFORMATION	Remarks	Enter text: An explanation as to whether there is special equipment.
BAR / TAVERN / NIGHTCLUB INFORMATION	Are there pyrotechnics?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are there pyrotechnics?"
BAR / TAVERN / NIGHTCLUB INFORMATION	Remarks	Enter text: An explanation as to whether there are pyrotechnics.
BAR / TAVERN / NIGHTCLUB INFORMATION	Is there a recreation area or other activities that would include patron participation?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, Is there a recreation area or other activities that would include patron participation (such as wrestling, boxing, volleyball, basket ball, etc)?"
BAR / TAVERN / NIGHTCLUB INFORMATION	Remarks	Enter text: An explanation as to whether there is an recreation area or other activities that would include patron participation (such as wrestling, boxing, volley ball, basket ball, etc.)?
BAR / TAVERN / NIGHTCLUB INFORMATION	Are shots specials offered?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are shot specials offered?"
BAR / TAVERN / NIGHTCLUB INFORMATION	Is there a steady bar clientele?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is there steady bar clientele?"
BAR / TAVERN / NIGHTCLUB INFORMATION	Are background checks conducted on employees?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are background checks done on employees?"
BAR / TAVERN / NIGHTCLUB INFORMATION	Remarks	Enter text: An explanation as to whether background checks are conducted on employees.
BAR / TAVERN / NIGHTCLUB INFORMATION	Bouncers: Number Unarmed Employees	Enter number: The number of unarmed employee bouncers
BAR / TAVERN / NIGHTCLUB INFORMATION	Number Armed Employees	Enter number: The number of armed employee bouncers.

Section Name	Field Name	Field and/or Section Description
BAR / TAVERN / NIGHTCLUB INFORMATION	Number Unarmed Contractors	Enter number: The number of armed contractor bouncers
BAR / TAVERN / NIGHTCLUB INFORMATION	Number Armed Contractors	Enter number: The number of armed contractor bouncers.
BAR / TAVERN / NIGHTCLUB INFORMATION	Doormen: Number Unarmed Employees	Enter number: The number of unarmed employee doormen.
BAR / TAVERN / NIGHTCLUB INFORMATION	Number Armed Employees	Enter number: The number of armed employee doormen.
BAR / TAVERN / NIGHTCLUB INFORMATION	Number Unarmed Contractors	Enter number: The number of unarmed contractor doormen.
BAR / TAVERN / NIGHTCLUB INFORMATION	Number Armed Contractors	Enter number: The number of armed contractor doormen.
BAR / TAVERN / NIGHTCLUB INFORMATION	Parking Patrol: Number Unarmed Employees	Enter number: The number of unarmed employee parking patrol.
BAR / TAVERN / NIGHTCLUB INFORMATION	Number Armed Employees	Enter number: The number of armed employee parking patrol.
BAR / TAVERN / NIGHTCLUB INFORMATION	Number Unarmed Contractors	Enter number: The number of unarmed contractor parking patrol.
BAR / TAVERN / NIGHTCLUB INFORMATION	Number Armed Contractors	Enter number: The number of armed contractor parking patrol.
REMARKS	Remarks	Enter text: The remarks associated with the general liability line of business. Use this section to provide any additional information required for underwriting or rating. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
ATTACHMENTS	Financial Statement	Check the box (if applicable): Indicates that a financial statement is attached to the policy.

Section Name	Field Name	Field and/or Section Description
ATTACHMENTS	Photos	Check the box (if applicable): Indicates a photograph is attached to the policy.
ATTACHMENTS	Other Attachment	Check the box (if applicable): Indicates there is an attachment other than those listed on the application.
ATTACHMENTS	Other Attachment Description	Enter text: The description of the type of other attachment.
ATTACHMENTS	Other Attachment	Check the box (if applicable): Indicates there is an attachment other than those listed on the application.
ATTACHMENTS	Other Attachment Description	Enter text: The description of the type of other attachment.
ATTACHMENTS	Other Attachment	Check the box (if applicable): Indicates there is an attachment other than those listed on the application.
ATTACHMENTS	Other Attachment Description	Enter text: The description of the type of other attachment.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Loc #	Enter number: The location number for the premises.
IDENTIFICATION SECTION	Bldg #	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
REMARKS	Remarks	Enter text: The remarks associated with the general liability line of business. Use this section to provide any additional information required for underwriting or rating. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
SIGNATURE	Applicant Named Insured Name (print)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
SIGNATURE	Applicant Named Insured Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.
SIGNATURE	Applicant Named Insured Name (print)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
SIGNATURE	Applicant Named Insured Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.
SIGNATURE	Applicant Named Insured Name (print)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
SIGNATURE	Applicant Named Insured Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.

Section Name	Field Name	Field and/or Section Description
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).