

| 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. |

| Section Name | Field Name | Field and/or Section Description |
|-------------------------------|---|--|
| 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. |

| Section Name | Field Name | Field and/or Section Description |
|-------------------------------|---|--|
| 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. |

| Section Name | Field Name | Field and/or Section Description |
|-------------------------------|---|---|
| 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. |

| Section Name | Field Name | Field and/or Section Description |
|--------------------------------|---|--|
| 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? |

| Section Name | Field Name | Field and/or Section Description |
|----------------------|--|---|
| 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?" |

| Section Name | Field Name | Field and/or Section Description |
|--------------------------------------|--|---|
| 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). |