

**UTICA FIRST INSURANCE COMPANY**  
**RESTAURANT AND TAVERN APPLICATION**

THIS MUST ACCOMPANY PROPER ACORD APPLICATION FORMS

(Coverage may not be bound without Company approval - Authorizations are subject to inspection by the Company)

1. Insured (including Trade Name) \_\_\_\_\_
2. Business Phone No. \_\_\_\_\_ Protection Class \_\_\_\_\_
3. Is coverage now written through your office? \_\_\_\_\_ No. of Years \_\_\_\_\_
4. Loss record past three years (show date, cause of loss and amount): \_\_\_\_\_  
\_\_\_\_\_
5. How many years has business been at this location? \_\_\_\_\_
6. How many years operated by applicant? \_\_\_\_\_
7. Show names of all individuals with interest in the business \_\_\_\_\_
8. Who runs the business? \_\_\_\_\_  
Contact name & phone number (for inspection purposes) \_\_\_\_\_
9. Do you know and recommend the applicant, without qualification? \_\_\_\_\_
- \*10. Any entertainment? \_\_\_\_\_ Dancing? \_\_\_\_\_ Sports sponsored? \_\_\_\_\_
11. Any delivery? \_\_\_\_\_ If yes, extent \_\_\_\_\_
12. Public access area (square feet) \_\_\_\_\_ Parking area (square feet) \_\_\_\_\_
13. Is this a year-round business? \_\_\_\_\_ Hours open \_\_\_\_\_
14. Percent of business in food? \_\_\_\_\_ Drinks? \_\_\_\_\_
15. A. Is there an automatic extinguishing system covering cooking equipment? \_\_\_\_\_  
B. Is there a semi-annual service contract in place for the suppression system? \_\_\_\_\_
16. Are there any firearms kept on the premises? \_\_\_\_\_
17. A. Describe housekeeping conditions and particularly cleaning of hoods & ducts? \_\_\_\_\_  
\_\_\_\_\_  
B. Is there a cleaning contract in place for hoods & ducts? \_\_\_\_\_  
C. Frequency: Annual \_\_\_\_\_ Semi-Annual \_\_\_\_\_ Quarterly \_\_\_\_\_

**FRAUD STATEMENT**

Any person knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act which is a crime. (Ohio).

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (New York).

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Agency Name & Location _____	Insured's Signature _____	Date
_____	Agent's Signature _____	Date
_____	See Side 2 for Liquor Liability Application	

**UTICA FIRST INSURANCE COMPANY**  
**LIQUOR LIABILITY APPLICATION**

**(Liquor sales must not exceed 40% of total receipts)**

Limit Requested \_\_\_\_\_ (Aggregate Same as Occurrence Limit)

**Annual Gross Receipts**

Last Year Food \$ \_\_\_\_\_ Liquor \$ \_\_\_\_\_ Food \_\_\_\_\_% Liquor \_\_\_\_\_%  
Current Year Food \$ \_\_\_\_\_ Liquor \$ \_\_\_\_\_ Food \_\_\_\_\_% Liquor \_\_\_\_\_%

Number of seats in restaurant \_\_\_\_\_ Number of bar seats \_\_\_\_\_ Payroll \$ \_\_\_\_\_

**How Many** Dining Rooms \_\_\_\_\_ Cocktail lounges \_\_\_\_\_ Bars \_\_\_\_\_

Total number of locations owned, controlled or operated by insured and description thereof \_\_\_\_\_

How many years of experience does the owner have? \_\_\_\_\_ years

How many years of experience does the manager have? \_\_\_\_\_ years

**Type of Operation**

A. Describe type of operation \_\_\_\_\_

B. The overall customer base is - Family \_\_\_\_\_% Business People \_\_\_\_\_% Students \_\_\_\_\_%

C. Age mix of customer base is - 18-25 \_\_\_\_\_% 25-35 \_\_\_\_\_% 35-55 \_\_\_\_\_% Over 55 \_\_\_\_\_%

D. Percent of customers arriving a/o departing by - Their own car \_\_\_\_\_% Public Transportation \_\_\_\_\_%

E. Do you offer any of the following? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> 2 for 1 specials                             | <input type="checkbox"/> Free drinks                     |
| <input type="checkbox"/> Specialty or exotic drinks                   | <input type="checkbox"/> Ladies or men's nights          |
| <input type="checkbox"/> Special contests or parties (describe) _____ | <input type="checkbox"/> Happy hours From _____ to _____ |
|   | <input type="checkbox"/> Liquor served off premises      |

**F. Hours of Operation**

Weekdays open at \_\_\_\_\_ Stop serving food at \_\_\_\_\_

Stop serving alcohol \_\_\_\_\_ Close at \_\_\_\_\_

Weekends open at \_\_\_\_\_ Stop serving food at \_\_\_\_\_

Stop serving alcohol at \_\_\_\_\_ Close at \_\_\_\_\_

G. What hours is the owner at the location? \_\_\_\_\_

H. Type of liquor sold Beer \_\_\_\_\_ Wine \_\_\_\_\_ Liquor \_\_\_\_\_

Present Liquor Liability Premium \_\_\_\_\_ Present Liquor Liability Limit \_\_\_\_\_

Present Liquor Liability Company \_\_\_\_\_ Liquor License No. \_\_\_\_\_

List any liquor citation or revocation in the past 60 months, date and amount of fine \_\_\_\_\_

Have you or your staff completed NLLF/TIPS/TAM/BEST'S/I'M SMART or any vendor responsibility course?

Yes If yes, please provide copies of certificates with application.

No If no, what training are new or current employees given? \_\_\_\_\_

Briefly describe measures taken by management to

A. Ensure that no underage customers are served alcohol \_\_\_\_\_

B. Deal with customers known or considered to be inebriated \_\_\_\_\_

C. Do you employ security personnel or bouncers? \_\_\_\_\_

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Agency Name & Location \_\_\_\_\_ Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Agent's Signature \_\_\_\_\_