



Property and Liability
Restaurant Package Insurance Application

OWNER /OPERATOR INFORMATION

Owner/Operator Name: Effective Date:
FEIN: # of Restaurants/Locations:
Street Address:
City: State: Zip:
Type of Entity: Corporation: Partnership: LLC: Other:
Contact : E-mail :
Tel # : Fax # : Expiring Premium:

OFFICE INFORMATION

Address: City: State: Zip:
Own Building Lease Space Square Footage:
Construction: Frame Joisted Masonry Fire Resistive Masonry
Are there Sprinklers: Yes No
Values: Building: Contents:

(If more than one office, attach additional office information)

STORAGE/WAREHOUSE/TRAILER INFORMATION

Address: City: State: Zip:
Own Building Lease Space Square Footage:
Construction: Frame Joisted Masonry Fire Resistive Masonry
Are there Sprinklers: Yes No
Values: Building: Contents:

(If more than one storage/warehouse, attach additional storage/warehouse information)

ADDITIONAL COVERAGE

Are you interested in EPLI coverage? Yes No
Do you require Bonds? Yes No
Do you have Special Events throughout the year? Yes No

(If Yes, provide a list of all Special Events held throughout the year and please notify us 7 days before the Special Event)

INSURED SIGNATURE: TITLE: DATE:

PLEASE INCLUDE THREE YEARS OF HARD COPY LOSS RUNS

Completion of this application does not establish a contract of insurance.

16506 Pointe Village Drive Suite 103 Lutz, FL 33558
877-200-1718 ♦ 813-926-1721 ♦ Fax: 813-926-1724

Email: Restaurants@besnardinsurance.com Web: www.besnardinsurance.com



**STORE INFORMATION**  
(photo copy this page as needed, per store/location)

Store #: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Store Type: Free Standing Convenience Store Mall Airport Other (explain): \_\_\_\_\_

Classification of Risk: Restaurant Take-out Restaurant Diner Tavern Night Club Catering Facility

Construction: Frame Joisted Masonry Fire Resistive Masonry

Playground: Interior Exterior Interior /Exterior None

Square Footage: \_\_\_\_\_ Yr. Built: \_\_\_\_\_ # of Parking Spaces: \_\_\_\_\_

Drive-Thru: \_\_\_\_\_ % Seating Capacity: \_\_\_\_\_

ATM at store location: Yes No If Yes do you Own ATM Lease ATM

WIFI: Yes No

Are Deliveries made from this location: Yes No

Annual Sales: \_\_\_\_\_ Transaction Count: \_\_\_\_\_

**OTHER EXPOSURES**  
**(EG: SPORTS MEMORABILIA, FINE ARTS, ETC.)**

Exposure Description: \_\_\_\_\_

Value of Property: \_\_\_\_\_

**OTHER IMPORTANT EXPOSURES**

Is premises near or on the water?  YES  NO If yes, please include distance \_\_\_\_\_ ( feet / mile(s) )

Smoke Detectors  YES  NO F. Sprinkler Systems  YES  NO

Alarms: Burglar -  YES  NO Fire -  YES  NO Sprinkler -  YES  NO

Central Station  YES  NO \_\_\_\_\_ Grade

Ansul System  YES  NO How often is the system checked/serviced? \_\_\_\_\_

Comments? List any other property information that may be pertinent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**LIABILITY SECTION**

A. Total Receipts \$ \_\_\_\_\_

Breakdown: Food: \$ \_\_\_\_\_ Liquor: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_ (explain): \_\_\_\_\_

B. Will you have any deliveries? Yes No if you checked yes, are they time-sensitive? Yes No

C. Entertainment: Is there any live entertainment? Yes No if yes, please complete the following:

C1. What type of live entertainment? (dancers, topless, all nude, female/male, bands, jazz, rock, lite music, etc.)

Please explain:

\_\_\_\_\_  
\_\_\_\_\_

C2. How many times per week? \_\_\_\_\_

C3. Any amusement devices? (TV's, pool tables, pinball machines, video games, dart boards, etc.)

Please explain:

\_\_\_\_\_

C4. Sports on premises? Yes No explain \_\_\_\_\_

C5. Sports sponsored off premises? Yes No explain

\_\_\_\_\_

D. Any Dancing? Yes No Size of dance floor \_\_\_\_\_ Number of days per week \_\_\_\_\_

E. Security/Bouncers: Armed Unarmed

Bouncer Training/Experience (describe) \_\_\_\_\_

Are Bouncers off duty policeman? Yes No Names of Bouncers/Security:

\_\_\_\_\_

F. Are facilities available for use or rent of private parties, receptions? Yes No if yes, explain:

\_\_\_\_\_

G. Do you subscribe to a taxi or other service providing transportation home for intoxicated patrons?

Yes No Explain

\_\_\_\_\_

H. Do you advertise "Happy Hour" or other events where drinks are sold at a lower price? Yes No

Explain \_\_\_\_\_

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**LIQUOR LIABILITY INSURANCE APPLICATION**

Effective Date: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_

1. Name of licensee: \_\_\_\_\_ License Number: \_\_\_\_\_

2. Years Applicant in Business: \_\_\_\_\_ At this location: \_\_\_\_\_ if operation is new, please provide written details of Owner(s) and Manager(s) prior to restaurant experience

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Description of Operation (check all that apply):

- Tavern/Bar/Saloon
- Private Club
- Hotel/Motel
- Package Store
- Distributors – no sales to the public
- Convenience Stores
- Catering/Banquet
- Exhibition/Rental Hall/Temporary License
- Restaurants – 50% or more of gross receipts from sale of alcoholic beverages
- Restaurants – 1-24% of gross receipts from sale of alcoholic beverages
- Nightclub – topless or adult entertainment

4. Estimated Annual Gross Receipts (for next 12 months):

Alcoholic Beverages

    On premise consumption \$ \_\_\_\_\_

    Off premise consumption \$ \_\_\_\_\_

Food.....\$ \_\_\_\_\_

From Other Source.....\$ \_\_\_\_\_

Total Estimated Annual Gross Receipts All Sources .....\$ \_\_\_\_\_

5. Operations:

Hours: Weekdays: From: \_\_\_\_ am pm To: \_\_\_\_ am pm Total days open per week? \_\_\_\_

Weekends: From: \_\_\_\_ am pm To: \_\_\_\_ am pm Days: \_\_\_\_\_

Happy Hour: From: \_\_\_\_ am pm To: \_\_\_\_ am pm

6. Staff – Number of: \_\_\_\_\_

Servers Bartenders Hostess/Mgt. Dancers Bouncers/Security Parking

Full-time \_\_\_\_\_

Part-time \_\_\_\_\_

Is liquor training required? Yes No Type of Training? \_\_\_\_\_

Are customers permitted to bring alcohol on or off premises? Yes No

Is there a Written Policy on serving alcohol posted for employees and customers? Yes No

Is transportation arranged or provided for patrons? Yes No

Are customers I.D.s checked upon entering? Yes No

Any staff “leased” or employed on a contract basis? Yes No

Dancers supervised?  Yes  No

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**LIQUOR LIABILITY INSURANCE APPLICATION (Cont)**

7. Security/Bouncers:  Armed  Unarmed  
Bouncer Training/Experience (describe) \_\_\_\_\_

Are Bouncers off duty policeman?  Yes  No

Names of Bouncers/Security: \_\_\_\_\_

8. Are firearms maintained on the premises?  Yes  No

9. Do you allow entertainment?  Yes  No if yes, how many days? \_\_\_\_\_

Rock & Roll  Disco/Video  Country Western  Solo/Musician

Piano/Organ  Disc Jockey  Dancers  Topless Dancers  Band – number of members \_\_\_\_\_

Do you allow dancing?  Yes  No if yes, how many days? \_\_\_\_\_

Size of dance floor (square feet) \_\_\_\_\_

10. Do you have amusement devices?  Yes  No If yes, indicate type below  Pool Tables number \_\_\_\_\_  Video Machines number \_\_\_\_\_  Other (describe) \_\_\_\_\_ - number \_\_\_\_\_

Do you have any promotional events?  Happy Hour  Ladies Night  Other \_\_\_\_\_

11. Average age of clientele \_\_\_\_\_ What is the seating capacity? \_\_\_\_\_

12. Do you require to name the Landlord as an additional insured?  Yes  No

if yes, enter name, address or phone:

\_\_\_\_\_

13. Have you ever been fined or cited for violations of a law or ordinance relating to sales of alcohol? (After Hours, minor, etc.)  Yes  No if yes, please give details \_\_\_\_\_

14. Have you had any claim(s) or loss(es) arising out of your Liquor Operations in the last five years?

Yes  No if yes, please provide specific details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Have you ever had liquor liability coverage cancelled, or non renewed in the last five years?

Yes  No if yes, please provide specific details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Comments? List any other information that may be pertinent.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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