United States Liability Insurance Group

Liquor Liability/General Liability Supplemental Application

BSR Bailey Special Risks, Inc.
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APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Name: _____ D/B/A: _____
2. Building Interest ❑Owner ❑Tenant ❑Part Occupied _____%
3. Additional Insured:_____ Interest:_____
4. Has applicant ever been convicted of a felony? ❑Yes ❑No If Yes, explain: _____
5. Prior Carrier: Company_____ Expiring General Liability premium $ _____
6. Has General Liability insurance ever been declined, cancelled or non-renewed? ❑Yes ❑No If Yes, explain: _____
7. General Aggregate $ _____ Fire Damage (Any one fire) $ _____
   Products/Completed Operations Aggregate $ _____ Medical Expense (Any one person) $ _____
   Each Occurrence $ _____ Personal and Advertising Injury $_____
8. **If applicant is the building owner and there are habitational (apartments, dwellings, etc.) exposures:**
   a. Is the electrical system connected to circuit breakers? ❑ Yes ❑ No If No, Decline.
   b. Does the electrical system have aluminum wiring? ❑ Yes ❑ No If Yes, Decline.
   c. Are there smoke detectors in all common areas and in each habitational unit? ❑ Yes ❑ No If No, Decline.
9. Is there evidence of water damage, broken windows, or breaks in pavements or floor?_____
10. Any "special" hazards (raised walks, street elevators, etc.)? _____
11. Are any buildings located on piers, wharves or pilings? ❑ Yes ❑ No If Yes, Decline.
12. Do all buildings have two means of egress? ❑ Yes ❑ No If No, Decline.
13. Total area of each building _____
14. Are there any other occupancies in the building? ❑ Yes ❑ No If yes, advise as to type, number of units, area _____
    _____
15. Are maximum occupancy rules followed? ❑ Yes ❑ No If No, Decline.
16. Any Board of Health violations? ❑ Yes ❑ No If Yes, Describe: _____
17. Does entertainment feature any nationally known acts? ❑ Yes ❑ No If Yes, Decline.
18. Does the establishment hold "teen or under 21 nights"? ❑ Yes ❑ No If Yes, Decline.
19. Any mechanical rides or devices? ❑ Yes ❑ No If Yes, how many and describe? _____
20. Any amusement devices? ❑ Yes ❑ No If Yes, what type/how many? _____
    (pool tables, darts, shuffleboard, pinball, video, trampolines, moon bounce, rock walls, etc.)
21. Any athletic activities, sponsored teams or special events? ❑ Yes ❑ No If yes, describe _____

COOKING SUPPLEMENT

22. Describe Cooking Equipment used: ❑ Deep Fat Fryers ❑ Grills ❑ Open Flame ❑ Oven
    ❑ Barbeque Pit/Charcoal Grill ❑ Smoker ❑ Other _____
    Describe any outside cooking _____ Distance from building _____
23. Are the cooking area, hood and duct system protected per NFPA 96 (ansul, extinguishing system)? ❑ Yes ❑ No
24. Is there a cleaning contract in force with an outside firm? ❑ Yes ❑ No
    Frequency of cleaning _____ Date last serviced _____
25. a. Do you have table seating? ❑ Yes ❑ No c. Any tableside cooking/preparation? ❑ Yes ❑ No
    b. Do you have table service? ❑ Yes ❑ No d. Average price of a dinner entree? $ _____

CLUBS (VFW, ELKS, FRATERNAL, SOCIAL)

26. Annual membership this year_____ Five years ago _____ Ten years ago _____
27. Does the club own or lease a building? ❑ Yes ❑ No If Yes, total sq. ft. _____
28. Annual sales for all the following: Membership Fees _____ Alcohol sales _____ Food Sales _____
    Facility fees_____ Est. Number of days rented per year_____

Attach a separate list of all on and off premise events. Include dates, location, description, attendance and entertainment.

GL Loss History (5 yr.) Check here if none ❑

Date of Incident	**Loss Description**	**Reserved or Paid Amount**	**Open/Closed**

Applicant's Signature _____ Date _____