

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752  
 www.scottsdaleins.com

**Bars/Restaurants/Taverns General Liability Application**

Applicant's Name \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_  
 Web site Address \_\_\_\_\_

Agency Name \_\_\_\_\_  
 Agent \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Phone \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture  
 Limited Liability Company  Other (Specify) \_\_\_\_\_

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

**Limits Of Liability and Deductible Requested:**

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements:	\$
Deductible	\$

**1. Classification of risk:**

- Banquet facility  Bar/Tavern  Bowling center  Bring your own bottle establishments  
 Country club  Disco  Membership club  Nightclub  Restaurant

**2. Annual gross sales:**

	Past Twelve (12) Months	Next Twelve (12) Months
Liquor Sales		
Food Sales		
Gambling		
Other		
Total		

**3. Number of years in business:** \_\_\_\_\_

**4. Number of years under current management:** \_\_\_\_\_

**5. How many hours per day is applicant open?** \_\_\_\_\_

**6. Are there any catering services available?**.....  Yes  No

If yes:  Off premises  On premises Gross sales: \_\_\_\_\_

**7. Types of meals served:**  Full meals  Short order

**8. Maintenance of building is:**  Good  Average  Poor

**9. Housekeeping is:**  Good  Average  Poor

**10. Square footage of bar/tavern/restaurant:** \_\_\_\_\_

**11. Are facilities available for use or rent for private parties, receptions, banquets or similar affairs?**  Yes  No

If yes: Number of times per year: \_\_\_\_\_

Describe: \_\_\_\_\_  
 \_\_\_\_\_

**12. Does applicant advertise or promote "happy hour" or other events when drinks are sold at a lower price than usual?** .....  Yes  No

**13. Do you subscribe to a taxi or other service providing transportation home to apparently intoxicated persons?** .....  Yes  No

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

**14. Does applicant have parking area?** .....  Yes  No

If yes, is parking area well lit? .....  Yes  No

**15. Is valet parking provided on premises?** .....  Yes  No

If yes, is parking done by insured's employee's? .....  Yes  No

If no, advise by whom: \_\_\_\_\_

**16. Are surrounding premises:**

Downtown district  Industrial  Residential/commercial  Resort  Rural

Seasonal  Shopping center  Suburban commercial  Waterfront

If waterfront, does applicant provide boat docking facilities for patrons? .....  Yes  No

If yes, how many docking spaces for boats? \_\_\_\_\_

**17. Clientele:**

Local residents  Families  Retirement community  College students  Seasonal residents

Median age of patrons:  18-25  26-30  31-40  41 and over

Are premises located near a college or university? .....  Yes  No

**18. Entertainment:**

A. Is there any live entertainment on premises? .....  Yes  No

If yes: Number of times per week: \_\_\_\_\_

Describe: (include go-go dancers, topless, disco, exotic, female/male): \_\_\_\_\_

B. Is there dancing? .....  Yes  No

If yes: Number of times per week: \_\_\_\_\_

Square footage of dance floor: \_\_\_\_\_

C. Does applicant have any mechanical or amusement devices? .....  Yes  No

If yes: How many? \_\_\_\_\_

Describe: \_\_\_\_\_

D. Is there a minimum or cover charge? .....  Yes  No

E. Are there sports on the premises? .....  Yes  No

If yes: Provide complete details: \_\_\_\_\_

F. Are sports sponsored off premises? .....  Yes  No

If yes: Number of times per week: \_\_\_\_\_

Give details: \_\_\_\_\_

G. Does applicant sponsor any special events? .....  Yes  No

If yes: Describe: \_\_\_\_\_

H. Is there any gambling? .....  Yes  No

If yes: Are there any "live" dealers? .....  Yes  No

Number of gambling machines? \_\_\_\_\_

**19. In the past five years, has applicant been cited by the Liquor Control Commission? .....  Yes  No**

If yes, give date(s) and full explanation: \_\_\_\_\_

**20. Are police records and background checks conducted on employees? .....  Yes  No**

**21. Number of bouncers, doormen or security personnel: \_\_\_\_\_**

Are bouncers, doormen or security personnel employees or independent contractors? \_\_\_\_\_

If independent contractors, do they provide Certificates of Insurance and Additional Insured Endorsements to the applicant? .....  Yes  No

**22. Does applicant have Workers' Compensation coverage in force? .....  Yes  No**

Total number of employees: \_\_\_\_\_

**23. During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant (Not applicable in Missouri)? .....  Yes  No**

If yes, explain: \_\_\_\_\_

24. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? .....  Yes  No

If yes, describe: \_\_\_\_\_

25. Does applicant have other business ventures for which coverage is not requested? .....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

26. Schedule Of Hazards:

Loc. No.	Classification Description	Class. Code	Exposure	Premium Bases (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

27. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium			

28. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses last three years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:**

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 subjects such person to criminal and civil penalties.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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 subjects such person to criminal and civil penalties.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime

**FRAUD WARNING (APPLICABLE IN TENNESSEE VIRGINIA AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

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.

I/We agree to submit records for audit by the Company upon termination or expiration of this policy for the determination of actual gross receipts during the coverage period.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

— IMPORTANT NOTICE —

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.