

**Nightclub Application**  
 \* Must complete a separate application for each location

| <b>Applicant Information</b>  |        |      |                 |                              |                             |
|---|--------|------|-----------------|------------------------------|-----------------------------|
| Corporate Name:   |        |      | Trading Name:   |                              |                             |
| Mailing Address 1:  |        |      | Phone:          | Fax:                         |                             |
| Mailing Address 2:  |        |      | Web Site:       |                              |                             |
| City:   | State: | Zip: | Inception Year: | Tax ID:                      |                             |
| 1. Applicant is: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other                |        |      |                 |                              |                             |
| 2. Description: <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Sports Pub <input type="checkbox"/> Lounge<br><input type="checkbox"/> Nightclub <input type="checkbox"/> Live Music Venue <input type="checkbox"/> Adult Entertainment Club |        |      |                 |                              |                             |
| 3. Has the applicant or any active partner filed for bankruptcy?  |        |      |                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Has the applicant or any owner or principal ever been convicted of a felony?   |        |      |                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| <b>Owner Information</b>  |      |             |        |  |  |
|---|------|-------------|--------|--|--|
| Name:   |      |             | Email: |  |  |
| Phone:  | Ext: | Cell Phone: | Fax:   |  |  |
| Years of experience owning or managing similar type of operation. (i.e. nightclub, live music venue, lounges, etc.) |      |             |        |  |  |

| <b>General Manager Information</b>   |      |             |        |  |  |
|--|------|-------------|--------|--|--|
| Name:  |      |             | Email: |  |  |
| Phone:   | Ext: | Cell Phone: | Fax:   |  |  |
| Years of experience owning or managing similar type of operation. (i.e. nightclub, live music venue, lounge, etc.) |      |             |        |  |  |

| <b>Bookkeeper Information</b> |      |             |        |  |  |
|-------------------------------|------|-------------|--------|--|--|
| Name:                         |      |             | Email: |  |  |
| Phone:                        | Ext: | Cell Phone: | Fax:   |  |  |

| <b>Security or Night Manager Information</b> |      |             |        |  |  |
|--|------|-------------|--------|--|--|
| Name:  |      |             | Email: |  |  |
| Phone:                                       | Ext: | Cell Phone: | Fax:   |  |  |
| Years of experience:                         |      | Training:   |        |  |  |

| <b>Broker Information</b> |        |      |                 |      |  |
|---------------------------|--------|------|-----------------|------|--|
| Broker Name:              |        |      | Broker Contact: |      |  |
| Mailing Address 1:        |        |      | Phone:          | Fax: |  |
| Mailing Address 2:        |        |      | Web Site:       |      |  |
| City:                     | State: | Zip: | Email:          |      |  |

| <b>Coverage Information</b> |                           |
|-----------------------------|---------------------------|
| Proposed Effective Date:    | Proposed Expiration Date: |

Advanced E&S  
 430 W Erie St Ste 510  
 Chicago IL 60654  
 866-867-0505 P  
 312-867-0510 F  
 www.advancede-s.com

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**Please Select the coverage/s desired**

**General Liability Coverage**

General Liability ( \$ 1M. per Occurrence, \$ 2 M. General Aggregate)

Assault and Battery ( \_\_\_\_\_ ) Sub-limit

H&N/O Auto (HNOA) (\$300,000 Sub-limit)

Excess Liability, Limits requested: \_\_\_\_\_

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**Liquor Coverage** ( \$ 1 M. per occurrence, \$ 1 M. General Aggregate)

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**Property Coverage**

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**Employment Practices Liability**, Limits Requested: \_\_\_\_\_

**Prior Coverage Information**

1. Within the past 5 years has the applicant's general or liquor liability coverage been cancelled or non-renewed?  
 Yes     No – If yes, please explain:

  
  

2. Within the past 5 years has the applicant's property or crime coverage been cancelled or non-renewed?  
 Yes     No – If yes, please explain:

| <b>Prior Coverage Information ( 3 Years History)</b> |      |               |                |
|--|------|---------------|----------------|
| Coverage   | Year | Prior Carrier | Prior Premiums |
| <b>Liability</b>                                     |      |               |                |
|  |      |               |                |
|  |      |               |                |
| <b>Liquor</b>  |      |               |                |
|  |      |               |                |
|  |      |               |                |
| <b>Excess</b>  |      |               |                |
|  |      |               |                |
|  |      |               |                |
| <b>Property</b>                                      |      |               |                |
|  |      |               |                |
|  |      |               |                |

**Notes**

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## Nightclub Information

### General Section:

|   |  |  |  |
|---|--|--|--|
| 1. Hours of Operation – Weekday:  |  | 2. Hours of Operation – Weekend:   |  |
| 3. Does the applicant ever engage in 24 hour operations? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| 4. Will the applicant ever be opened to patrons after 4 am? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide complete explanation:   |  |  |  |
| 5. Cover Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | 6. Estimated # of patrons admitted weekly:                                 |  |
| 7. Maximum Occupancy:   | 8. Coat Room? <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Valet Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 10. Parking Lot? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | 11. How many Spaces?   |  |
| 12. Is parking lot used for special events? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |
| 13. Details of parking lot special events:  |  |  |  |
| 14. Gross Receipts:   | 15. Alcohol Receipts:  | 16. Door cover charge receipts:  |  |
| 17. Food Receipts:  | 18. Other Sales:   | 19. Gross Payroll:   |  |
| 20. Total Officer salaries:   | 21. # Full Time Employees  | 22. # Part Time Employees  |  |
| 23. Has the insured ever been cited by the Board of Health? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |
| 24. Is there an employee Handbook? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| 25. Does the applicant use leased employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:   |  |  |  |
| 26. Is the applicant's current practice to collect certificates of insurance from all contractors and renters?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes:<br>a) Does the applicant confirm these certificates for evidence of coverage with equal or greater limits to the applicant's policy? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>b) Does the applicant confirm these certificates to include the applicant's entities and their landlord entities, etc as additional insured? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| 27. Does the applicant engage in off-premises catering events? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide the percentage of total receipts from off premises catering: _____ %  |  |  |  |
| 28. Does the applicant engage in facility or room rentals for private events? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, is the standard written rental agreement used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes – please provide copy  |  |  |  |

### Entertainment Section:

|  |       |
|--|-------|
| 29. Is there entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select all that apply and provide frequency: |       |
| <input type="checkbox"/> DJ  | _____ |
| <input type="checkbox"/> Comedy Acts   | _____ |
| <input type="checkbox"/> Karaoke   | _____ |
| <input type="checkbox"/> National Touring Acts/Bands   | _____ |
| <input type="checkbox"/> Local Acts/Bands  | _____ |
| <input type="checkbox"/> Other – Describe:   | _____ |
| 30. Is there dancing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes,   |       |

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- a) What type of dance floor (select all that apply):  Stages  Raised Floor  Sectioned Area  General Area  
b) Does the applicant allow anyone to dance or stand on any raised equipment, including but not limited to speakers, etc., or furniture, including but not limited to chairs, tables, the bar, etc?  Yes  No

31. Does the applicant have or plan to have in the future any of the following entertainment devices on premises:

- Yes  No If yes, please select type and provide count:  Video Games # \_\_\_\_  TV's # \_\_\_\_  
 Pool tables # \_\_\_\_  dart Boards # \_\_\_\_  Other: \_\_\_\_\_

32. Does the applicant have or plan to have in the future any of the following interactive amusement devices on premises:  Yes  No If yes, please select type that apply:  Mechanical Bull or Surfboard

- Inflatables  Trampolines  Foam Machines  Climbing Walls  Dunk Tanks  
 Other Describe: \_\_\_\_\_

33. Does the applicant ever allow pyrotechnics on the premises?  Yes  No

34. Does the applicant ever have or plan to have any type of stunt activity on premises? (Stunt activity includes, but not limited to any type of acrobatics, carnival acts such as flame or sword swallows, etc.)

- Yes  NO If yes, please provide a detailed description of any & all stunt activity to occur during the policy period.

### **Liquor Section:**

35. Does the applicant have a valid liquor license?  Yes  No If yes,  
Name on license: \_\_\_\_\_ License #: \_\_\_\_\_

36. Are all alcohol servers certified in a Formal Alcohol Awareness Training Course?  Yes  No  
If yes, please provide the name (TIPS, TAM, SMART, etc.)

37. Does the applicant allow persons other than employees trained in their Formal Alcohol Awareness training program to serve alcohol to patrons? (i.e. Guest Bartenders, etc)  Yes  No If yes, please explain:

38. Does the applicant ever permit or sponsor alcohol consuming games (Beer pong, Flip cup, etc.) or permit the use of alcohol consumption enticing equipment (Beer Bongos, Funnels, etc.)  Yes  No

39. Does the applicant permit "BYOB" on premises?  Yes  No

40. Does the applicant have package alcohol ales for off-premises consumption?  Yes  No

41. Does or will applicant engage in any of alcohol promotions during the policy period?  Yes  No If yes,

- a) Please provide full details regarding any type of alcohol promotions, including but not limited any current or future plans for happy hours, nightly price reductions, ladies nights, reduced covers, etc.

b) Do the applicant's alcohol promotions ever include or they plan to include in the future any of the following (Select all that apply :)

- Open Bras/All you can drink specials (other than during facility or private rentals)  
 Reduced drink prices for more than 3 hours  
 Any drink prices reduced to \$1.00 or less

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41. Does or will applicant engage in any type of underage promotions during the policy period, including but not limited to "Teen, "Under21", or "18 and over" nights?  Yes  No
42. Does the applicant ever permit employees or other persons serving alcohol to consume alcohol during their hours of employment or service?  Yes  No
43. Has the applicant been fined or cited for violations of law or ordinances related to illegal activities or the sale of alcohol?  Yes  No If yes, please provide the following information for each citation:
- a) Date: \_\_\_\_\_ Any fines: \_\_\_\_\_ Penalties assessed: \_\_\_\_\_
- b) Preventive measures taken in order to mitigate these violations in the future: \_\_\_\_\_

### Security Section:

44. Are firearms kept or permitted on premises?  Yes  No
45. Does the applicant have hired security/bouncers/door people?  Yes  No If Yes,
- a) Please provide a detailed security plan
- b) Are security personnel:  Employees  Contractors or  Both
- a) If applicant uses Employees:
- Are background checks completed on all security employees?  Yes  No
  - Do all security bouncers sign waivers?  Yes  No
- b) If applicant uses contractors:
- Does the applicant have a written agreement with these contractors?  Yes  No
46. Does the applicant engage police officers for work in or about the premises?  Yes  No  
If yes, how are they engaged and invoiced (Select from the following):  
 With Municipality  Secondary Employment Company, or  Individually
47. What is the maximum number of security on any given night? \_\_\_\_\_ Average: \_\_\_\_\_

### Notes

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| <b>Property Information</b>  |  |
|--|--|
| 1. Please provide the year of last complete update/renovation to:<br>Roof: _____, Electrical: _____, Plumbing: _____, Heating: _____   |  |
| 2. Does the electrical system have aluminum or knob & tube wiring? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 3. Is the plumbing completely PVC or Copper? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 4. Type of Roof: <input type="checkbox"/> Flat or <input type="checkbox"/> Pitched Box   |  |
| 5. Type of roof covering: <input type="checkbox"/> Rolled <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Shingles <input type="checkbox"/> Other                   |  |
| 6. Have there been any losses from sewer or water back-up? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:                                |  |
| 7. What is the applicant cash deposit frequency? <input type="checkbox"/> Daily or <input type="checkbox"/> Other – please provide detail:   |  |
| 8. Is there a safe on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type: <input type="checkbox"/> Drop Safe or <input type="checkbox"/> Class C |  |
| 9. What is the maximum cash on hand? \$ _____  |  |
| 10. Does the applicant have any entities that need to be listed as mortgagees or loss payees? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Please list:             |  |
| a. Name: _____ Relationship: _____<br>Address: _____<br>City/State/Zip _____   |  |
| b. Name: _____ Relationship: _____<br>Address: _____<br>City/State/Zip _____   |  |
| c. Name: _____ Relationship: _____<br>Address: _____<br>City/State/Zip _____   |  |

**FRAUD STATEMENT:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**WARANT:** THE UNDERSIGNED REPRESENTS AND WARNTS, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, BASED ON REASONABLE INQUIRY, THAT THE PARTICULARS AND STATEMENTS SET FORTHON THIS APPLICATION ARE TRUE, CORRECT AND ENTIRELY COMPLETE, AND THERE ARE NO OTHER RISK FACTORS THAT HAVE NOT BEEN DISCLOSED HEREIN. IF ANY PARTICULARS OR STATEMENTS ARE MATERIALLY MISREPRESENTED OR MATERIAL INFORMATION HAS BEEN OMITTED INTENTIONALLY OR ACCIDENTALLY, SUCH MISREPRESENTATION OR OMISSION WILL VOID ANY ISSUED COVERAGES AND THE INSURANCE COMPANY WILL HAVE NO DUTY TO DEFEND ANY CLAIMS, PAY ADAMAGES, OR PAY SUMS OR PERFORM ACTS OR SERVICES. THE UNDERSIGNED AGREES AND ACKNOWLEDGES THAT THE PARTICULARS AND STATEMENTS SET FORTH HEREIN ARE MATERIAL TO THE ACCEPTANCE OF THE RISK ASSUMED BY THE INSURANCE COMPANY AND THAT THE INSURANCE COMPANY IS RELYING UPON THE TRUTH AND COMPLETENESS OF THE RISK FACTORS DISCLOSED HEREIN. IT IS AGREED BY THE UNDERSIGNED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED HEREWITH, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF THE POLICY. IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE UNDERWRITER IMMEDIATELY IN WRITING AND THE UNDERWRITER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR PROPOSAL.

Signature of applicant \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be Owner, Officer or Partner)

SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT INSURANCE OFFERED.