



Nightclub Application

Page 1 of 3

Indemnity Insurance Corp of DC
950 Ridgebrook Rd, Suite 1500
Sparks, MD 21152
Phone: 410-472-6000
Fax: 410-472-6020
www.IICDC.com

*Must complete a separate application for each location.

Corporate Name:		Trading Name:	
Location Address:		<input type="checkbox"/> Multiple Locations	Number of Locations:
City:	St:	Zip:	
Website:		Phone:	
Number of years of management experience the General Manager/Owner has at this location or another location that is a similar establishment:			
Does the applicant own the building/property?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the building have Apartments?		if Yes, # of Apartments:	
Broker Information:			

Proposed Effective Date:(mm/dd/yyyy)	Proposed Expiration Date:(mm/dd/yyyy)
General Liability (Please Select Desired Limits)	Requested Limit
Per Occurrence	
General Aggregate	
Products/Completed Operations	
Personal/Advertising Injury	
Assault and Battery	
Employee Benefits # of Employees:	
Liquor Liability	
Hired Auto & Non-Owned Auto	

Square Footage:	Protection Class:	Capacity:
Is there cooking on premises?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the cooking area, hood and duct system protected by a fire extinguishing system?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant ever engage in 24 hour operations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have a parking lot?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, How many spaces?		
Is parking lot used for special events?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Food Receipts		
Total Alcohol Receipts		
Total Door/Cover Receipts		
Total Ticket Sales for Live Music Receipts		
Total Banquet/Catering Receipts		
Total Other (not listed above) Receipts		
Total Expense Paid to Bands for Live Music		
Total Expense for Comp Admissions		
Total Gross Receipts		
Does the applicant engage in facility or room rentals for private events? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Does the applicant have or plan to have during the policy period any of the following types of entertainment? (select all that apply and indicate the frequency)	
<input type="checkbox"/> DJ	times per week:
<input type="checkbox"/> Adult/Exotic Dancers	times per week:
<input type="checkbox"/> Boxing/Ultimate Fighting/Tough Man Events	times per week:
<input type="checkbox"/> Comedy Acts	times per week:
<input type="checkbox"/> National Touring Acts/Bands	times per week:
<input type="checkbox"/> Karaoke	times per week:
<input type="checkbox"/> Local Acts/Bands	times per week:
Are patrons permitted to dance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the applicant allow anyone to dance or stand on any raised equipment, including but not limited to, speakers, furniture, tables, chairs, or bar-top? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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Does the applicant have or plan to have during the policy period any of the following entertainment devices on premises? (select all that apply and indicate the quantity)

- Video Games _____ Dart Boards _____
 Pool Tables _____ TV's _____
 Other _____

Does the applicant have or plan to have during the policy period any of the following interactive amusement devices on premises? (select all that apply)

- Mechanical Bull, Surfboard, or other rides Trampolines
 Foam Parties Dunk Tanks
 Inflatable's Other
 Climbing Walls

Does or will the applicant ever allow persons other than employees trained in a formal alcohol awareness program to serve alcohol to patrons (e.g., other patrons, guest bartender, etc.)? Yes No

If yes, please explain:

Does the applicant ever permit or sponsor alcohol consumption games (e.g., beer pong, flip cup, etc.) or permit the use of alcohol consumption enticing equipment (e.g., beer bong, funnels, etc.)? Yes No

Does the applicant ever permit "BYOB" on the insured location? Yes No

Does the applicant ever have package alcohol sales for off-premises consumption? Yes No

If Yes, what percent (%) of receipts are derived from off-premises sales?

Does or will the applicant engage in any type of underage promotions during the policy period, including, but not limited to, "teen", "under 21", or "18 and over" nights? under 18 over 18

Are firearms kept or permitted on premises? Yes No

Does the applicant have security, bouncers and/or door people? Yes No

Does the applicant engage police officers for work in or about the insured location? Yes No

Please check the appropriate box(es) to indicate how the police officers are engaged and their services invoiced:

- Through Municipality
 Through a Secondary Employment Company
 As an Individual

What is the average number of security personnel on any given night? _____

What is the maximum number of security personnel on any given night? _____



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FRAUD STATEMENT: Any person who knowingly and with the 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.

Please check the appropriate box in each of the below claim history questions.

The Applicant hereby certifies, based upon reasonable and diligent investigation and to the best of the knowledge of the applicant, its owners, officers, employees and representatives, that with respect to the insured operation(s) and location(s) for which this application is being submitted:

There have / have not been two or more claims in any single policy period.

There have / have not been at any time any alcohol-related claims.

There have / have not been claims during any policy period exceeding \$25,000 in value based upon either the accumulated reserve or paid settlement amount.

WARRANT: THE UNDERSIGNED REPRESENTS AND WARRANTS, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, BASED ON REASONABLE INQUIRY, THAT THE PARTICULARS AND STATEMENTS SET FORTH ON 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 ANY DAMAGES, 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*

(Must be Owner, Officer, or Partner)

Title:

(Required)

Date:

(Required)

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