



Nightclub Application

Page 1 of 6

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.

Applicant Information

| | | | | | |
|--|--------|---|--|---|--|
| Corporate Name: | | | Trading Name: | | |
| Contact Name: | | | Contact Email: | | |
| 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 | | | | | |
| Title/Position: <input type="checkbox"/> Owner <input type="checkbox"/> General Manager <input type="checkbox"/> CEO <input type="checkbox"/> VP | | | | | |
| <input type="checkbox"/> Venue Representative <input type="checkbox"/> Business Manager <input type="checkbox"/> Other | | | | | |
| Mailing Address 1: | | | Phone: | | |
| Mailing Address 2: | | | Fax: | | |
| City: | State: | Zip: | Website: | | |
| Location (if different from mailing address) | | | | | |
| Location Address 1: | | | Phone: | | |
| Location Address 2: | | | Fax: | | |
| City: | State: | Zip: | Website: | | |
| <input type="checkbox"/> Check here if the applicant has multiple locations. | | | | | |
| Number of years of management experience the General Manager has at this location or another location that is a similar establishment: | | | | | |
| Number of years of management experience the Owner has at this location or another location that is a similar establishment: | | | | | |
| Applicant's role(s) for the Location(s): (check all that apply) | | | | | |
| Does the applicant own the building/property? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, What percentage of the building does the applicant occupy? | | | % | | |
| List all tenants and describe their operations: | | | | | |
| Does the building have more than six apartments? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Description of Location Operations: (check one) | | | | | |
| <input type="checkbox"/> Bar/Tavern | | <input type="checkbox"/> Sports Pub | | <input type="checkbox"/> Lounge | |
| <input type="checkbox"/> Nightclub | | <input type="checkbox"/> Live Music Venue | | <input type="checkbox"/> Adult Entertainment Club | |
| Broker Information: | | | | | |
| Is applicant a broker? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, Broker Firm Name: | | | | | |

Coverage Information

| | | | |
|---|--|---|--|
| Proposed Effective Date:(mm/dd/yyyy) | | Proposed Expiration Date:(mm/dd/yyyy) | |
| General Liability (Please Select Desired Limits) | | Limit | |
| Per Occurrence | | \$1,000,000 | |
| General Aggregate | | \$2,000,000 | |
| Products/Completed Operations | | \$1,000,000 | |
| Personal/Advertising Injury | | \$1,000,000 | |
| Assault and Battery | | <input type="checkbox"/> Excluded <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$1,000,000 | |
| Employee Benefits | | <input type="checkbox"/> Excluded <input type="checkbox"/> \$1,000,000 | |
| Liquor Liability | | <input type="checkbox"/> Excluded <input type="checkbox"/> \$1,000,000 | |
| Hired Auto & Non-Owned Auto | | <input type="checkbox"/> Excluded <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$1,000,000 | |



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Building Information

| | | | |
|--|--|--|--|
| Square Footage: | | Protection Class: | |
| Construction: (check one) | <input type="checkbox"/> Masonry | <input type="checkbox"/> Jointed Masonry | <input type="checkbox"/> Masonry-NC <input type="checkbox"/> Frame <input type="checkbox"/> Other: |
| Fire Protection: (check all that apply) | <input type="checkbox"/> Sprinklers | <input type="checkbox"/> Hood Extinguisher | <input type="checkbox"/> Automatic Cut-off <input type="checkbox"/> Other: |
| Alarm Protection: (check all that apply) | <input type="checkbox"/> Central Station | <input type="checkbox"/> Local | <input type="checkbox"/> Other: |
| Are there hard wired smoke or heat detectors used in all public areas? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the property within one mile of any body of water? If yes, please provide details. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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 have a written agreement in place for grease removal, hood, duct, and filter cleaning with an outside cleaning company? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, is the hood and duct system serviced at least every 6 months? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| General Section | | | |
| Does the applicant ever engage in 24 hour operations? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the applicant ever open past midnight? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the applicant have a parking lot? If yes, How many spaces? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is parking lot used for special events? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will applicant have any shuttle or transport service included in 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 | = | | |
| Is there an Employee Handbook? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the applicant have any rigged equipment? If yes, does the applicant use licensed, properly insured rigging contractors for all rigged equipment to the ceilings and walls? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the applicant engage in off-premises catering events? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the applicant engage in facility or room rentals for private events? If yes, what percent of total gross receipts is from room rental? Is a standard written rental agreement used? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please fax a copy for our review at (410)472-6020 Attn: Underwriting. | | | |



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Entertainment Section

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: |

Does the applicant have hired dancers? Yes No
If yes are the Dancers: Employees Contractors Both

Are patrons permitted to dance? Yes No

If yes, what type of dance floor is provided? (select all that apply)

- Stages Sectioned Area
 Raised Floors General- Area not defined

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? Yes No

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 the applicant have or plan to have during the policy period any type of stunt activity on premises? Yes No

if yes, please provide details:

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Liquor Section

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 bongs, 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

Does or will applicant engage in any type of alcohol promotions during the policy period? Yes No

If yes, please provide full details regarding any type of alcohol promotions, including, but not limited to, any current or future plans for happy hours, nightly price reductions, ladies nights, reduced covers, etc.

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

- Open Bars/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.

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? Yes No

If yes, please provide full details regarding any type of underage promotions, including but not limited to, any current or future plans for underage promotions.

Does the applicant use Tyvek wristbands to distinguish between those of legal drinking age and those under the legal drinking age? Yes No

Does the applicant ever permit employees or other persons serving alcohol to consume alcohol during the hours of their employment or service? Yes No

Security Section:

Are firearms kept or permitted on premises? Yes No

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

Check the appropriate box(es) below to identify the employment status of the security, bouncers, and/or door people:

Employees

Are background checks completed on all security, bouncers and door people? Yes No

Do all security, bouncers, and door people sign waivers as a condition to employment? Yes No

If yes, **Please provide copies of all waivers.**



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Contractors

Does applicant have a written agreement with each contractor?

Yes

No

Do all security, bouncers, and door people sign waivers as a condition to employment?

Yes

No

If yes, **Please provide copies of all waivers.**

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? _____

Hired and Non-Owned Auto Information (Complete if coverage selected)

Does the applicant have a Business or Commercial Auto policy in force?

Yes

No

Does the applicant ever deliver any goods or products?

Yes

No

If yes, please provide specific details:

Does the applicant allow employees to use their personal automobiles for business purposes?

Yes

No

If yes, please explain the scope, frequency, and type of use:

Will the applicant rent or lease a vehicle or bus during the policy period?

Yes

No

If yes, please provide specific details:

Property Information (Complete if coverage selected)

| Description | Estimated Value |
|---|-----------------|
| <input type="checkbox"/> Business Incomes | \$ |
| <input type="checkbox"/> Building | \$ |
| <input type="checkbox"/> Glass | \$ |
| <input type="checkbox"/> Kitchen Cooking Equipment | \$ |
| <input type="checkbox"/> Kitchen Utensils | \$ |
| <input type="checkbox"/> Table, Glass, Bar-Ware | \$ |
| <input type="checkbox"/> Table, Chair, Bar-Stool | \$ |
| <input type="checkbox"/> Office Furniture | \$ |
| <input type="checkbox"/> POS-Hardware | \$ |
| <input type="checkbox"/> Build-Out, Furnishings, Lighting, Covering | \$ |
| <input type="checkbox"/> Draft System, Walk-in, Cooler, Refer Unit | \$ |
| <input type="checkbox"/> Fine Art, Antique | \$ |
| <input type="checkbox"/> Software | \$ |
| <input type="checkbox"/> Computer, Fax, Phone, CC-Hardware | \$ |
| <input type="checkbox"/> Maximum Cash On Premise? | \$ |
| <input type="checkbox"/> Average Inventory | \$ |
| <input type="checkbox"/> Perishable Inventory | \$ |



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| | |
|--|----|
| <input type="checkbox"/> Sound Equipments (Mixer, Amps, Speaker) | \$ |
|--|----|

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* | Title: | Date: |
| _____ | _____ | _____ |
| (Must be Owner, Officer, or Partner) | (Required) | (Required) |

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