



Yancy Insurance & Financial Services

AGENT: Yancy Insurance & Financial Services
2019 E Lamar Blvd, Suite 100
Arlington, TX 76006
817-277-6100 Phone
817-261-7514 Fax

Bars/Restaurants/Taverns General Liability Application

Applicant's Name: _____
Mailing Address: _____
City/State/Zip: _____
Email Address: _____
Location _____

PROPOSED EFFECTIVE DATE:
From _____ To _____
12:01 A.M. Standard Time at the address of the Applicant
Phone: _____
Fax: _____

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify) _____

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$ _____
Products & Completed Operations Aggregate	\$ _____
Personal & Advertising Injury	\$ _____
Each Occurrence	\$ _____
Fire Damage (any one fire)	\$ _____
Medical Expense (any one person)	\$ Excluded
Other Coverages, Restrictions, and/or Endorsements	
Deductible \$ _____	

A. Classification of risk:

- Tavern Disco Bowling center Caterer: Off premises On premises
 Restaurant Banquet facility Membership club Country Club

B. Annual sales:

	Past 12 Months	Next 12 Months
Liquor Sales		
Food Sales		
Other		
Total		

C. Are surrounding premises:

- Downtown district Industrial Seasonal Rural Resort
 Waterfront Suburban Commercial Residential/Commercial Shopping Center

If waterfront, does applicant provide boat docking facilities for patrons? Yes No If yes, docking space for how many boats? _____

D. Clientele:

- Local Residents Families Retirement Community
 Median age of patrons: 18-25 25-30 30-40 40 and over

Are premises located near a college or university? _____



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E. Entertainment

Is there any live entertainment on premises Yes No Number of times per week _____ If yes, describe (include go-go dancers, topless, disco, exotic, female/male): _____

Is there dancing Yes No

Does applicant have amusement devices? Yes No If yes, how many: _____ Describe: _____

Is there a minimum or cover charge? Yes No

Sports on premises? Yes No If yes, provide complete details: _____

Sports sponsored off premises? Yes No Number of times per week: _____ Give details: _____

F. General Information

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: _____

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

Do you subscribe to a taxi or other service providing transportation home to apparently intoxicated patrons? Yes No If yes, describe: _____

Number of years under current management: _____ How many hours per day is applicant open? _____

Types of meals served: Full Meals Short Order

Maintenance of building is: Good Average Poor Housekeeping is: Good Average Poor

Does applicant have parking area? Yes No Is lot well lit? Yes No

In the past five years, has applicant been cited by the Liquor Control Commission? Yes No If yes, give date(s) and full explanation _____

Are police records and background checks conducted on applicants? Yes No

Number of bouncers or doormen: _____ Are security guards/bouncers/doormen employees or independent contractors? _____

If independent contractors, are Certificates of Insurance and Additional Insured Endorsements provided to our insured? Yes No

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

Does applicant lease employees? Yes No

G. During the past 3 years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? _____

If yes, explain _____

Previous insurer: Indicate premium and losses for past three years. Describe all losses.

YEAR	COMPANY	POLICY NO.	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION



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

TRANSITION

1. Has this risk or any location not qualified for transition? Yes No

2. If this risk qualifies for transition, indicate year it first qualified _____

Loc. No.	New Class. Code	Previous Basis	Previous Exposure	Applicable Coverage (Premises or Products)

APPLICANT'S SIGNATURE _____ DATE _____
 (MUST BE OWNER, PARTNER OR OFFICER)

NAME & PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION OR AUDIT: _____