

**The Thomas J. Unik Insurance Company**  
1729 Superior Avenue  
Cleveland, OH 44114  
Phone: 216-861-0200  
Fax: 216-861-3575  
Email: [unikinsurance@aol.com](mailto:unikinsurance@aol.com)

## RESTAURANT, BAR, & TAVERN APPLICATION

### Type of coverage wanted:

General Liability  
 Property  
 Liquor Liability  
 Crime Coverage  
 Other – Please indicate coverage wanted \_\_\_\_\_

Proposed effective date: \_\_\_\_\_

### Applicant Information:

Applicant name \_\_\_\_\_

DBA \_\_\_\_\_

Mailing address \_\_\_\_\_

\_\_\_\_\_

Business phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address: \_\_\_\_\_

Web Site \_\_\_\_\_

Inspection contact \_\_\_\_\_ Phone no. \_\_\_\_\_

Accounting contact \_\_\_\_\_ Phone no. \_\_\_\_\_

### Applicant is:

Individual  
 Partnership  
 Corporation  
 Other \_\_\_\_\_

### Type of business:

Tavern/Bar  
 Restaurant  
 Night Club  
 Other \_\_\_\_\_

### Experience:

Years in business  
 Years at this location  
 Years Experience

### Interest:

Owner  
 Tenant  
 Other

1. Has any policy/coverage been declined, cancelled or non-renewed during the prior years? \_\_\_\_\_ No \_\_\_\_\_ Yes
2. Has applicant ever been involved in a bankruptcy? \_\_\_\_\_ No \_\_\_\_\_ Yes
3. During the last ten years has any applicant been convicted of any degree of the crime of arson or any other felony? \_\_\_\_\_ No \_\_\_\_\_ Yes

**Previous Insurance Information:**

Carrier Name	Policy Number	Policy Limits	Expiration Date	Policy Premium

**Claims:**

- \_\_\_\_\_ Any property claims in the last three years
- \_\_\_\_\_ Any general liability claim in the last three years
- \_\_\_\_\_ Any other claim in the last three years

Describe details of claim (including description, loss date, amount paid, is claim open or closed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Property Limits:**

- \_\_\_\_\_ Building Limit
- \_\_\_\_\_ Contents Limit
- \_\_\_\_\_ Business Income Limit
- \_\_\_\_\_ Deductible for Property Coverages
- \_\_\_\_\_ Other

**Building Information:**

Construction type \_\_\_\_\_ Number of stories \_\_\_\_\_

Year built \_\_\_\_\_ Total area \_\_\_\_\_

Building updates (please list year updated):

\_\_\_\_\_ Roof \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_ Wiring \_\_\_\_\_

Wiring Type:  
 \_\_\_\_\_ Copper \_\_\_\_\_ Aluminum \_\_\_\_\_ Knob & Tube \_\_\_\_\_ Circuit Breakers

Building occupancy \_\_\_\_\_

Percent of building occupied \_\_\_\_\_

Are there any apartments \_\_\_\_\_ Number of apartments \_\_\_\_\_

Distance to the nearest fire hydrant \_\_\_\_\_ Nearest fire station \_\_\_\_\_

Fire alarm: \_\_\_\_\_ No \_\_\_\_\_ Local \_\_\_\_\_ Central station

Burglar alarm: \_\_\_\_\_ No \_\_\_\_\_ Local \_\_\_\_\_ Central station

Burglar alarm installed by/serviced by \_\_\_\_\_

Smoke or heat detectors in all public areas \_\_\_\_\_ Sprinkling system \_\_\_\_\_

**General Liability Information:**

\_\_\_\_\_ General aggregate limit  
 \_\_\_\_\_ Products aggregate limit  
 \_\_\_\_\_ Per occurrence limit  
 \_\_\_\_\_ Personal/advertising injury limit  
 \_\_\_\_\_ Fire damage limit  
 \_\_\_\_\_ Medical payments limit

**Rating Information:**

Food Sales	Liquor Sales	Other Sales	Total Sales

_____ Number of exits	_____ Seating capacity
_____ Parking lot	_____ Table service
_____ Hours of operation	_____ Number of employees
_____ Days open per week	_____ Number of bouncers
_____ Clientele age	_____ Liquor license
_____ Clientele origin	

Have any of your employees who serve alcohol had any formal awareness training classes? \_\_\_\_\_

**Entertainment:**

_____ Dance floor	_____ Disc jockey
_____ Area of dance floor	_____ Comedy acts
_____ Live dancers	_____ Foam machines/mechanical rides
_____ Live bands	_____ Type of band
_____ Video games	_____ Pool tables
_____ Darts	_____ Jukebox
_____ TV's	_____ Karaoke

**Cooking on Premises:**

- \_\_\_\_\_ Cooking on premises
- \_\_\_\_\_ Micro wave only/no kitchen
- \_\_\_\_\_ Automatic gas or electric shut off for cooking with manual pull
- \_\_\_\_\_ Number of fire extinguishers
- \_\_\_\_\_ Vegetable oil used in cooking
- \_\_\_\_\_ UL approved auto extinguishing system over all cooking surfaces
- \_\_\_\_\_ Dry or wet chemical system
- \_\_\_\_\_ Hood/ducts equipped with filters
- \_\_\_\_\_ Hood/duct filters cleaned at least every 6 months
- \_\_\_\_\_ Hood /ducts cleaned at least every 6 months
- \_\_\_\_\_ Cleaning contract in force from outside firm
- \_\_\_\_\_ Change filters every 6 months
- \_\_\_\_\_ Semi-annual service contract for extinguishing system
- \_\_\_\_\_ Portable fire extinguishers mounted and accessible to the cooking area
- \_\_\_\_\_ Cooking area, hood and duct system protected per NFPA 96 requirements
- \_\_\_\_\_ Is a grill used in cooking
- \_\_\_\_\_ Is a charcoal grill used in cooking
- \_\_\_\_\_ Is open flame used in cooking
- \_\_\_\_\_ Is an oven used in cooking
- \_\_\_\_\_ Is deep fat fryer used in cooking
- \_\_\_\_\_ Is a barbecue pit used in cooking

The applicant, agent, or broker represents that the statements and facts are true and that no material facts have been suppressed or misstated.

**Completion of this form does not bind coverage or commit the company to policy issuance.**

**Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_