Republic Indemnity

COCKTAIL LOUNGE PROGRAM
SUPPLEMENTAL UNDERWRITING QUESTIONNAIRE

Application/Policy# _____

Insured Name: _____ Federal ID #: _____
Effective Date: _____ Website: _____ Contact Email Address:_____
Agency:_____ Contact: _____

Payroll Data – Provide historical payroll data by class (for current and prior 4 years), or submit final audit invoices if available. Applicable only to policy years not insured by Republic Indemnity.

	Class:	9079 (1)	8742 (1)	8810 (1)	
YEAR					
Current					
1st Prior Yr					
2nd Prior Yr					
3rd Prior Yr					
4th Prior Yr					

Loss Experience

If the insured has not been insured by Republic Indemnity for the latest 3-year term, please provide **currently valued loss runs** for any of those three years insured elsewhere **and most current experience modification worksheet** if available. **Minimum 3 years loss history required.**

Operational Information

1. How would you describe this bar? _____
(e.g., restaurant with bar, sports bar, beer garden, tavern, cocktail lounge, club, etc.)

2. Table service provided Yes ◯ No ◯

3. Hours of operation _____ Minimum number of employees on premises at any given time _____

4. Any crime-related claims, e.g. robberies or assaults? Yes ◯ No ◯
*If yes, provide details*_____

5. Any firearms on premises? Yes ◯ No ◯
*If yes, provide details*_____

6. Any entertainment provided? Yes ◯ No ◯ *If yes, check all that apply* *DJs* ☐ *Bands* ☐ *Dancing* ☐ *Other* ☐
If other, provide details _____

7. Check if any of the following are applicable to this account.
Bouncers ☐ Security Guards (employees) ☐ ID Checkers ☐

8. Off premises operations: Yes ◯ No ◯ Description of Operations _____
If yes, how often _____ *Radius* _____ *% of Sales* _____
Number of Company owned vehicles: _____ *Number of Employee owned vehicles:* _____
Group Transportation Provided Yes ◯ No ◯
*If yes, provide details*_____
MVR's checked Yes ◯ No ◯ *If yes, please provide details as to procedures in place* _____
_____
Is there a disciplinary/termination rule in place based on driving record? Yes ◯ No ◯ *If yes, describe how this is implemented*
_____

9. Valet Parking: Yes ◯ No ◯ If so, performed by insureds employees: Yes ◯ No ◯
Subcontracted with Certificates of Insurance on file? Yes ◯ No ◯
*If yes, provide details*_____

10. Non-skid flooring: Yes ◯ No ◯

11. Is there a safety program in place? Yes ◯ No ◯
*If yes, provide details*_____

Application/Policy # _____

General Information

1. Current number of permanent employees: _____ Number of Managers/Supervisors:_____
   Number of temporary/seasonal employees: _____ Employees under 18: _____
   If any are under 16, work permits on file: Yes ◯ No ◯
2. Number of W2's filed for latest reporting year:_____
3. Number of employees: Increasing _____ Decreasing _____ Stable _____
4. Number of part time employees: _____ Number of full time employees: _____
5. Mean wage: For mainstream employees in production operations or services offered $_____/hr.
   For administrative staff (e.g., clerical, sales) $_____/hr.
6. Union ◯ Non – Union ◯ % of employees participating_____
7. **How many independent contractors are used? _____**
   How many 1099 forms are issued to individuals? _____
   How many 1099 forms are issued to companies/organizations? _____
   If there are independent contractors, what kind of work do they perform?_____
   Are independent contractors covered under a statutory Workers' Compensation Insurance policy and do they provide Certificates of Insurance? Yes ◯ No ◯
8. Group Medical provided: Yes ◯ No ◯ Name of Group Health Provider _____
   % of employees participating _____ % of employer contribution _____
   Paid Vacation: Yes ◯ No ◯ Paid Sick Leave: Yes ◯ No ◯ 401K or Pension: Yes ◯ No ◯
9. Pre-employment physical: Yes ◯ No ◯
10. Drug Screening Program/Random Drug Testing: Yes ◯ No ◯
11. Does insured offer modified work? Yes ◯ No ◯
    *If yes, provide details*_____
12. Loss Control Incentive Program: Yes ◯ No ◯
13. Does applicant own, operate or lease aircraft? Yes ◯ No ◯ *If yes, provide details* _____
    _____
14. Are any of the insured's operations located within a Federal or State government owned building that is over 35% occupied by governmental offices or National Landmarks? Yes ◯ No ◯
    *If yes, provide details*_____

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Location (s) – Please complete for all locations of business operations:

	# Employees assigned to location (including those who work off premises)		# of Shifts	Maximum number of employees on premises at one time	# of Stories/ Floor # occupied by this business	Building Construction Type *(see below)
	Full-time	Part-time				
Location (1) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/_____	_____
Location (2) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/_____	_____

If more than 2 locations, please continue on separate sheet.

*Types of Building Construction that closely matches the description of building that Insured occupies.

Wood Frame, including masonry veneer	Tilt-up concrete
Unreinforced masonry	Reinforced concrete
Reinforced masonry	Light gauge steel frame
Mobile home	Protected structural steel frame

Policy Specifications

Participating _____ Group _____ Group Name: _____

Commission %_____ Direct Bill _____ Agency Bill _____

Producer Authorized Signature _____ Date_____

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.