

## 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	_____	_____	_____	_____
1 <sup>st</sup> Prior Yr	_____	_____	_____	_____
2 <sup>nd</sup> Prior Yr	_____	_____	_____	_____
3 <sup>rd</sup> Prior Yr	_____	_____	_____	_____
4 <sup>th</sup> 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* \_\_\_\_\_

**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 \_\_\_\_\_

**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				
<b>Location (1)</b>	_____	_____	_____	_____	_____/____	_____
Street _____						
City, State, Zip _____						
<b>Location (2)</b>	_____	_____	_____	_____	_____/____	_____
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
- Unreinforced masonry
- Reinforced masonry
- Mobile home
- Tilt-up concrete
- Reinforced concrete
- Light gauge steel frame
- Protected structural steel frame

**Policy Specifications**

Commission % \_\_\_\_\_ Participating \_\_\_\_\_ Group \_\_\_\_\_ Group Name: \_\_\_\_\_  
 Direct Bill \_\_\_\_\_ Agency Bill \_\_\_\_\_  
 Producer Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_