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“Professional Insurance Wholesaler”

SGA'S Family Entertainment Liability Application
SECTION X: SGA'S RESTAURANT SUPPLEMENTAL APPLICATION

TO BE COMPLETED WITH AN ACORD GENERAL LIABILITY APPLICATION
 (Complete all questions. Indicate “N/A” where applicable. DO NOT LEAVE ANY AREAS BLANK)

GENERAL INFORMATION:

Receipts: Total: \$ _____ Total Employees: FT _____ PT _____
 Food: \$ _____ Bar Tenders: FT _____ PT _____
 Liquor: \$ _____ Servers: FT _____ PT _____
 Other: \$ _____

Currently open for business?: { } Yes { } No Average Clientele Age: _____

Is Property for Sale?: { } Yes { } No Is Operation Seasonal?: { } Yes { } No Days: _____

Is Property vacant, foreclosed or undergoing renovation?: { } Yes { } No

Is Property in deteriorating condition?: { } Yes { } No

Distant to Ocean/Bay/Gulf/Intercoastal?: { } Yes { } No Protection Class?: _____

Building Age: _____ Sprinklered?: { } Yes { } No

Date of Bldg. Upgrades: Plumbing: _____ Wiring: _____ Heating: _____ Roof: _____

Premises: Owned: _____ Leased: _____ Operating Hours: _____

Total Area: _____ sq.ft. Customer Area: _____ sq. ft. Seating Capacity: _____

Apartments?: { } Yes { } No # of Apartments?: _____

Are facilities rented out?: { } Yes { } No If yes, # times per year?: _____

Central Station Burglar Alarm?: { } Yes { } No Fire Alarm?: { } Yes { } No

Are owners active in business?: { } Yes { } No Years Experience?: _____

Has applicant filed for personal or business related bankruptcy?: { } Yes { } No

Has applicant been canceled for non-payment within past 3 years?: { } Yes { } No

Is this operation a Sports Bar?: { } Yes { } No Are they a Bottle, Night or Private Club?: { } Yes { } No

COOKING:

Deep Fat Fryers?: { } Yes { } No Open Flame?: { } Yes { } No

Cooking controls: Automatic Suppression System?: { } Yes { } No

Active Service Contract?: { } Yes { } No

Service & Cleaning Frequency: Automatic Suppression System _____ Hoods/Ducts _____

Suppression System protect all Hoods, Ducts & Griddles?: { } Yes { } No

Suppression System have an Automatic Fuel Shutoff?: { } Yes { } No

Do Deep Fat Fryers have an Automatic High Limit Shutoff?: { } Yes { } No

Tablesides cooking?: { } Yes { } No Open Bar-B Que Pits?: { } Yes { } No Fondue cooking?: { } Yes { } No

Any Raw Seafood served?: { } Yes { } No If Yes, Explain: _____

Any firearms on premises?: { } Yes { } No If Yes, Explain: _____

Any valet parking? { } Yes { } No Subcontracted to insured contractor?: { } No { } No

Is Parking Lot under Insured's Control?: { } Yes { } No If yes, square feet?: _____

Any history of rowdiness or fights?: { } Yes { } No

Risk in an airport, bowling center, skating or roller rink?: { } Yes { } No

Risk located on a Wharf, Pier, Beach, Dock or Piling?: { } Yes { } No

ACTIVITIES AND ENTERTAINMENT:

Advise the number of the following on the premise, if any:

Pool Tables _____ Dart Boards _____ Video Games _____ Volleyball _____ Gambling Machines _____

Is there any entertainment on the premise? { } Yes { } No If yes, how often & describe, e.g. live rock bands, DJ, etc.

Website Address {if any}: _____

Bouncers or Security Guards?: { } Yes { } No I.D Checkers?: { } Yes { } No

Is there a dance floor?: { } Yes { } No If yes, Area: _____ sq. ft. Type Dancing: _____

Does this establishment employ female or male dancers?: { } Yes { } No

Does applicant have any Promotional Events?: { } Yes { } No Happy Hour?: { } Yes { } No

Ladies Night?: { } Yes { } No Other explain: _____

Mechanical Bulls or other patron participating activities?: { } Yes { } No

Does the risk have any playrooms or playgrounds?: { } Yes { } No

Is the risk a Catering establishment or Banquet Hall?: { } Yes { } No

Any Off Premises Catering?: { } Yes { } No If yes, Explain: _____

Catering Receipts Percentage in relationship to Total Receipts: _____

Any Delivery operations currently taking place?: { } Yes { } No

LIQUOR INFORMATION:

Is Liquor served beyond 2:00 A.M.?: { } Yes { } No

Do you desire to have Liquor Liability to be quoted?: { } Yes { } No

If Yes:

Advise type of training of Owners, Managers, Employees: _____

Liquor License Held: Beer/Wine _____ Liquor _____ Both _____

List and Describe all State Liquor Losses or Violations in the Past Three Years: _____

_____ None { }

If No:

Advise Carrier, Limits of coverage, effective dates, and policy number: _____

Have Alcohol Beverage Servers received Certified training?: { } Yes { } No

LOSS HISTORY:

Any prior losses within the past 3 years?: { } Yes { } No If Yes, Explain: _____

Any incidents involving Assault & Battery occurred in the past 3 years?: { } Yes { } No If Yes, Explain: _____

**NOTE: APPLICATION MUST BE SIGNED AND DATED BY BOTH AGENT AND INSURED!!!
THIS APPLICATION BECOMES A PART OF THE POLICY**

By signing the application, the undersigned declares all statements set forth and herein to be true, complete and accurate. Also, the undersigned hereby declares that any knowledge of an event which would alter the information herein will be reported in writing to the insurer at the earliest opportunity. It is understood and agreed that the completion and submission of this application shall not be binding to the prospective insured or Company until coverage is bound by the Company.

Applicant: _____ Title: _____ Date: _____

Agent: _____ Title: _____ Date: _____