



**Nightclubs & Restaurants Supplemental Application**  
(To be submitted with ACORD Applications)

|                                                                                                       |                                                                                                                                              |                                             |                                                                                      |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------|
| 1. Applicant:                                                                                         |                                                                                                                                              |                                             |                                                                                      |
| 2. Website Address:                                                                                   |                                                                                                                                              |                                             |                                                                                      |
| 3. Have you ever operated this location under a different name or DBA (other than above)?             |                                                                                                                                              |                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
| a. If yes, provide name or DBA used:                                                                  |                                                                                                                                              |                                             |                                                                                      |
| 4. Hours of operation?                                                                                | M – W: to                                                                                                                                    | Thur – F: to                                | Sat – S to                                                                           |
| 5. Total area of building                                                                             |                                                                                                                                              |                                             | Sq. Ft.                                                                              |
| a. Area that you occupy:                                                                              |                                                                                                                                              |                                             | Sq. Ft.                                                                              |
| 6. Receipts                                                                                           |                                                                                                                                              |                                             |                                                                                      |
| Food Sales – Sit Down                                                                                 | \$                                                                                                                                           | Liquor Sales                                | \$                                                                                   |
| Food Sales – On-Site Banquet                                                                          | \$                                                                                                                                           | Merchandise Sales                           | \$                                                                                   |
| Food Sales – Off-Site Catering                                                                        | \$                                                                                                                                           | # Playgrounds                               |                                                                                      |
| Cover Charges                                                                                         | \$                                                                                                                                           | Other - Describe:                           | \$                                                                                   |
| 7. Do you own host any type of entertainment (Check all that apply)?                                  | <input type="checkbox"/> Adult/Exotic Dancing or Acts                                                                                        | <input type="checkbox"/> Dancing.           | <input type="checkbox"/> Live Bands. Number of nights per week?                      |
|                                                                                                       | <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                | Size of Dance Floor:                        |                                                                                      |
| <input type="checkbox"/> Stage/Floor Show                                                             | <input type="checkbox"/> Solo Vocalist                                                                                                       | <input type="checkbox"/> Comedy Acts        | <input type="checkbox"/> DJ                                                          |
| <input type="checkbox"/> Piano/Guitar Player                                                          | <input type="checkbox"/> Piano/Guitar Player <input type="checkbox"/> "Name" talent <input type="checkbox"/> Other entertainment (describe): |                                             |                                                                                      |
| 8. Do you host or any hosted act use the following?                                                   |                                                                                                                                              | <input type="checkbox"/> Pyrotechnics       | <input type="checkbox"/> Foam machines                                               |
| 9. Are there:                                                                                         | <input type="checkbox"/> Bouncers, #                                                                                                         | <input type="checkbox"/> Security Personnel | <input type="checkbox"/> Doormen                                                     |
| 10. Is a secondary means of egress provided for each floor (including basement) having public access? |                                                                                                                                              |                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
| 11. Is there emergency lighting?                                                                      |                                                                                                                                              |                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
| 12. Are smoke or heat detectors used in all public areas?                                             |                                                                                                                                              |                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
| 13. Are cooking operations performed to NFPA Code?                                                    |                                                                                                                                              |                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 14. Is there a fully operational hood and duct fire extinguishing system?                             |                                                                                                                                              |                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No                             |

|                               |                |
|-------------------------------|----------------|
| _____<br>PRODUCER'S SIGNATURE | _____<br>DATE: |
|-------------------------------|----------------|

|                                |                |
|--------------------------------|----------------|
| _____<br>APPLICANT'S SIGNATURE | _____<br>DATE: |
|--------------------------------|----------------|

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.