



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.

Table with 5 columns: YEAR, Class, 9079 (1), 8742 (1), 8810 (1). Rows include 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?
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
5. Any firearms on premises? Yes No
6. Any entertainment provided? Yes No
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
9. Valet Parking: Yes No
10. Non-skid flooring: Yes No
11. Is there a safety program in place? Yes No

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)
	<u>Full-time</u>	<u>Part-time</u>				
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

Commission % _____ Participating _____ Group _____ Group Name: _____
 Direct Bill _____ Agency Bill _____

Producer Authorized Signature _____ Date _____