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Restaurant/Bar/Lounge Supplement

Applicant's Name:			Date:
Mailing Address:	City:	State:	Zip:

Restaurant

1. a. Is restaurant open to the public for breakfast; lunch; dinner; parties; weddings; none
 b. If yes: What are the receipts for breakfast, lunch and/or dinner? \$_____
 - Number of Parties: _____ Receipts: \$ _____
 - Number of Weddings: _____ Receipts: \$ _____
2. What are the hours of operation? Open: _____ Close: _____
3. Does the applicant offer catering or delivery of food service? Yes No
4. a. What is the maximum capacity for this establishment, as determined by the local fire officials? _____
 b. Is the maximum capacity posted and enforced? Yes No
5. a. Is proof of age required by all customers (photo id/driver's license) before being served alcohol? Yes No
 b. Are signs posted stating customers must be 21 years of age and must provide identification? Yes No
6. Are employees trained in Liquor Liability/Dram Shop laws including responsibility not to serve intoxicated guests? Yes No
7. a. Are employees responsible for crowd control? Yes No
 b. If yes, please describe training of crowd control techniques and emergency evacuation procedures.

8. a. Does the establishment employ bouncers and/or security personnel? Yes No
 b. If yes, do these employees have a history of involvement in violent confrontations? Yes No
 c. Are background checks performed? Yes No
9. Are there adequate number of fire exits on the premises for safe evacuation of guests, in case of emergency? Yes No
10. Does the establishment have a sufficient number of well-lit exits and back-up lighting system? Yes No
11. a. Does the establishment have working smoke and fire alarms? Yes No
 b. If yes, are batteries changed every 6 months? Yes No
12. Are fire extinguishers serviced and tagged annually? Yes No
13. Does the establishment have a dance floor? Yes No
14. a. Is their live entertainment other than employees? Yes No
 b. If yes, please describe type of entertainment: _____

Bar/Lounge

15. a. Does the applicant have a liquor license? If yes, provide a copy. Yes No
 b. Has applicants' alcohol beverage license ever been revoked or suspended? Yes No
 c. Has applicant incurred claims for liquor liability during the last three years? Yes No
 d. If yes, explain: _____
 e. Has applicant ever been fined by alcoholic beverage control or other governmental regulator? Yes No
 f. If yes, explain: _____
16. Is bar open to public? If yes, what are the hours? Open: _____ Close: _____ Yes No

**This supplement must be approved by Markel Insurance Company prior to coverage being bound.
 This supplement becomes part of your application and must be signed and dated.**

_____ Applicant's Signature	_____ Date	_____ Agent's Signature	_____ Date
Agency Name: _____		Agency Phone Number: _____	