

# Gentlemen's Club Supplemental Application

(Complete in addition to ACORD applications for each line of business)



Insured: \_\_\_\_\_  
 Location: \_\_\_\_\_

Circle &/or fill in the appropriate response to each of the below.

**A: All Lines:**

Number of years in business at this location: \_\_\_\_\_  
 Number of years experience operating this type of business: \_\_\_\_\_  
 Business Hours: \_\_\_\_ (a.m. /p.m.) to \_\_\_\_ (am/pm) Number of days open per week: \_\_\_\_\_  
 Describe neighborhood (e.g.: rural, commercial, residential) and crime rate: \_\_\_\_\_

- 1) Has the insured had more than two (2) reported claims in the prior three (3) years or a paid or reserved claim exceeding \$25,000.?  Yes  No
- 2) Is there an outside sports facility?  Yes  No
- 3) Does this risk employ armed or hire armed independent security personnel?  Yes  No
- 4) Is policy period being requested other than annual?  Yes  No

**If any response to questions 1 through 4 above is Yes, the risk must be submitted to the SUBMIT Unit.**

- 5) What is the total square footage of this risk? \_\_\_\_\_ sq. ft.  
**(If over 7,500 sq. ft., the risk must be submitted to the SUBMIT Unit.)**
- 6) Does this risk close at or prior to legal closing time and in no instance beyond 4:00 a.m.?  Yes  No
- 7) Are adequate means of egress for occupancy level provided?  Yes  No
- 8) Does this risk have adequate emergency lighting (interior)?  Yes  No
- 9) Are parking lots and sidewalks in good condition?  Yes  No

**If any response to questions 6 through 9 above is No, the risk must be submitted to the SUBMIT Unit.**

10) Breakdown of Revenues (Required):

Figures	Prior Year	Estimated Next 12 Months
Food		
Alcohol		
Clothing/Gift Items		
Cover Charges		
Total Revenues*		

**\*If Total Revenues exceed \$1,500,000., the risk must be submitted to the SUBMIT Unit.**

**B: Property:** (You do not need to complete this portion of the application if you are not providing Property quote/coverage.)

- 1) Is any type of cooking done on premises?  Yes  No (If No, skip to question 5 below.)  
 Is cooking microwave only?  Yes  No (If yes, skip to question 5 below.)
- 2) UL approved auto extinguishing system over ALL cooking surfaces & fryers?  Yes  No
- 3) Semi-Annual cleaning contract for extinguishing system?  Yes  No
- 4) Are portable fire extinguishers mounted & accessible to cooking areas?  Yes  No  
 Serviced and Tagged within the past year?  Yes  No
- 5) Is there a Central Station Alarm System?  Yes  No (Required for Special &/or Crime Coverages.)

**If any response to questions 2 through 4 (property) is No, Property coverage must be submitted to the SUBMIT Unit.**

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**C: Liquor Liability:** (You do not need to complete this portion of the application if you are not providing Liquor Liability quote/coverage, or if Liquor Liability is not available in your state within this program. Skip to Order Inspection below.)

- 1) Liquor Licensee Name: \_\_\_\_\_
- 2) Are the premises inside corporate limit of City, Town, or Village?  Yes  No (If no, how far outside (miles)? \_\_\_\_\_)
- 3) Is any adjacent county dry?  Yes  No (If yes, name of County and State): \_\_\_\_\_
- 4) Any claims – last five (5) years arising out of assault with a weapon?  Yes  No **(If yes, Liquor Liability coverage may not be written.)**

**Order Inspection Report to include information on all lines being written for this risk.**

Inspection ordered?  Yes  No      Date Ordered: \_\_\_\_\_

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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