

Pub Operations Supplemental Form

1. Establishment name: _____

 2. If operated by someone other than the named insured, the following is required:
 - a. Business name, Insurance company and policy number: _____

 - b. Provide copy of insurance certificate with liability limit of \$ 5,000,000.
 - c. Provide copy of agreement(s).
 - d. Is the named insured listed as an additional insured on the operator's policy? YES _____ NO _____

 3. If operated by the named insured, the following is required:
 - a. Total annual receipts:

Liquor	_____
Food	_____
Other, list	_____

 4. Hours of operation: _____

 5. Is there a "Happy Hour"? YES _____ NO _____
 - a. At what time: _____
 What gimmick(s) is/are used to promote Happy Hour? (ie: 2 for 1 drinks, girls drink free)

 6. Is food served? YES _____ NO _____
 - a. If yes, what type of food? (ie. hamburgers, French fries, chips, peanuts)

 7. Are establishment employees "Smart Serve" certified? YES _____ NO _____

 8. Is photo identification checked at the door prior to entering the establishment? YES _____ NO _____

 9. Is there a sign posted stating that patrons/customers must be of legal drinking age to enter the establishment? YES _____ NO _____

 10. Is there a policy "not to serve alcohol to intoxicated patrons/customers"? YES _____ NO _____

 11. Are there written guidelines to follow when patrons/customers become intoxicated and/or disruptive? YES _____ NO _____
 - a. Attach a copy of the written guidelines.

 12. How are obviously intoxicated patrons/customers discouraged from driving?
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13. Does the establishment provide a "Transportation Service" to the patrons/customers? YES _____ NO _____

 14. Does the establishment offer free pop and/or coffee to "Designated Drivers"? YES _____ NO _____

 15. List the entertainment scheduled for the calendar year.
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16. Attach a copy of the establishments liquor permit.