



Markel Insurance Company

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Email applications to: mscsubmissions@markelcorp.com
Website: markeloutdoors.com

Restaurant, bar, and lounge supplement

Markel agent number: _____

Business name: _____

Submission or policy number: _____

Applicants name: _____ Date: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Section 1 – Restaurant

1. Is the restaurant open to the public for: Breakfast Lunch Dinner Parties Weddings None

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 food delivery 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 of all customers (photo id/drivers' 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. Are employees responsible for crowd control? Yes No

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

If yes, do these employees have a history of involvement in violent confrontations? Yes No

b. Are background checks performed on these employees? Yes No

9. Is there an adequate number of fire exits on the premises for safe evacuation of guests, in the case of emergency? Yes No

10. Does the establishment have a sufficient number of well-lit exits and a back-up emergency lighting system? Yes No

11. a. Does the establishment have working smoke and fire alarms? Yes No
If yes, are batteries charged every 6 months? Yes No

b. Are fire extinguishers serviced and tagged annually? Yes No

12. Does the establishment have a dance floor? Yes No

13. Is there live entertainment other than employees? Yes No

If yes, please describe type of entertainment: _____

Section 2 – Bar and lounge

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b. Has the applicant's alcoholic beverage license ever been revoked or suspended?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

NOTE: This Supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____