MIDLANDS

A Safety National® Company

800.800.4007
Questions:marketing@midman.com
Submission: submit@midman.com

Applicant Information				
Corporate Name:			Trading Name:	
Mailing Address1:			Phone:	Fax:
Mailing Address 2:			Web Site:	
City:	State:	Zip:	Inception Year:	Tax ID:
1. Applicant is: ☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ LLC ☐ Other				
2. Description: ☐ Restaurant ☐ Bar/Tavern ☐ Sports Pub ☐ Lounge ☐ Nightclub ☐ Live Music Venue ☐ Adult Entertainment Club				
3. Has the applicant or any active partner filed for bankruptcy? ☐ Yes ☐ No				
4. Has the applicant or any owner or principal ever been convicted of a felony? ☐ Yes ☐ No				

Owner/Principal Information			
Name:		Email:	
Phone:	Ext:	Cell Phone:	Fax:
Years of experience owning or managing similar type of operation. (i.e. nightclub, restaurant, bar, lounges, etc.)			

Prior Ownership Experience ***(5 Years History)***

Business Name	Year	Address	Type of Operation

General Manager Information			
Name:		Email:	
Phone:	Ext:	Cell Phone:	Fax:
Years of experience owning or managing similar type of operation. (i.e. nightclub, restaurant, bar, lounges, etc.)			

Prior Management Experience ***(5 Years History)***

Business Name	Year	Address	Type of Operation

Notes

_____

_____

_____

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General Information

General Section:

5. Will the applicant ever be opened to patrons after 4 am? ☐ Yes ☐ No If yes, please provide complete explanation:

6. Has the Owner/Principal ever been cited by the Board of Health? ☐ Yes ☐ No

Entertainment Section:

7. Will there be entertainment? ☐ Yes ☐ No If yes, please select all that apply and provide frequency:

- ☐ DJ _____
- ☐ Comedy Acts _____
- ☐ Karaoke _____
- ☐ National Touring Acts/Bands _____
- ☐ Local Acts/Bands _____
- ☐ Other – Describe: _____

8. Does the applicant have or anticipate in this policy term to acquire in the future any of the following entertainment devices on premises: ☐ Yes ☐ No If yes, please select type and provide count: ☐ Video Games #____ ☐ TV's #____ ☐ Pool tables # ____ ☐ dart Boards # ____ ☐ Other: _____

9. Does the applicant have or anticipate in this policy term to acquire in the future any of the following interactive amusement devices on premises: ☐ Yes ☐ No If yes, please select type that apply: ☐ Mechanical Bull or Surfboard ☐ Inflatables ☐ Trampolines ☐ Foam Machines ☐ Climbing Walls ☐ Dunk Tanks ☐ Other Describe: _____

10. Will the applicant ever allow pyrotechnics on the premises? ☐ Yes ☐ No

11. Does the applicant ever plan to have any type of stunt activity on premises? (Stunt activity includes, but not limited to any type of acrobatics, carnival acts such as flame or sword swallowers, etc.) ☐ Yes ☐ No If yes, please provide a detailed description of any & all stunt activity to occur during the policy period. _____

Unless disclosed on this application, coverage for such activities or amusement devices in questions 9 to 11 are excluded

12. Has the Owner/Principal been fined or cited for violations of law or ordinances related to illegal activities or the sale of alcohol in any business operated under his management or control? ☐ Yes ☐ No If yes, please provide the following information for each citation:

a) Date: _____ Any fines: _____ Penalties assessed: _____
b) Preventive measures taken in order to mitigate these violations in the future: _____
_____

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FRAUD STATEMENT: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

WARANT: THE UNDERSIGNED REPRESENTS AND WARNTS, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, BASED ON REASONABLE INQUIRY, THAT THE PARTICULARS AND STATEMENTS SET FORTHON THIS APPLICATION ARE TRUE, CORRECT AND ENTIRELY COMPLETE, AND THERE ARE NO OTHER RISK FACTORS THAT HAVE NOT BEEN DISCLOSED HEREIN. IF ANY PARTICULARS OR STATEMENTS ARE MATERIALLY MISREPRESENTED OR MATERIAL INFORMATION HAS BEEN OMITTED INTENTIONALLY OR ACCIDENTALLY, SUCH MISREPRESENTATION OR OMISSION WILL VOID ANY ISSUED COVERAGES AND THE INSURANCE COMPANY WILL HAVE NO DUTY TO DEFEND ANY CLAIMS, PAY ADAMAGES, OR PAY SUMS OR PERFORM ACTS OR SERVICES. THE UNDERSIGNED AGREES AND ACKNOWLEDGES THAT THE PARTICULARS AND STATEMENTS SET FORTH HEREIN ARE MATERIAL TO THE ACCEPTANCE OF THE RISK ASSUMED BY THE INSURANCE COMPANY AND THAT THE INSURANCE COMPANY IS RELYING UPON THE TRUTH AND COMPLETENESS OF THE RISK FACTORS DISCLOSED HEREIN. IT IS AGREED BY THE UNDERSIGNED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED HEREWITH, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF THE POLICY. IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE UNDERWRITER IMMEDIATELLY IN WRITING AND THE UNDERWRITER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR PROPOSAL.

Signature of applicant _____ Title: _____ Date: _____
(Must be Owner, Officer or Partner)

SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT INSURANCE OFFERED.