

# KELINSURANCESERVICESLLC

Specializing in Commercial Lines Business Insurance

www.kelinsurance.com



## General Questions (please answer ALL questions)

Corporate and dba Name: \_\_\_\_\_  
Your Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Cell # \_\_\_\_\_ Fax # \_\_\_\_\_  
Physical Location Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
County located in: \_\_\_\_\_  
Federal Tax ID Number? \_\_\_\_\_  
Liquor License Name and Number? \_\_\_\_\_  
Date/Year you Started Business at this location? \_\_\_\_\_  
Construction of Building? \_\_\_\_\_  
Year the Building was Built? \_\_\_\_\_  
Square footage of your Business? \_\_\_\_\_  
Year the Plumbing, Electrical and Heat were Updated? \_\_\_\_\_  
Type of Roof? \_\_\_\_\_ Year Roof was Updated? \_\_\_\_\_  
Do you need to insure Parking Lot? If yes, size of Parking Lot? \_\_\_\_\_  
What is to the Left of your Business? \_\_\_\_\_  
What is to the Right of your Business? \_\_\_\_\_  
Do you have a Basement? \_\_\_\_\_  
How many Stories if your Building? \_\_\_\_\_  
Do you have a Central Station Fire/Burglar Alarm System? \_\_\_\_\_  
If **yes**, who monitors the Alarm System? \_\_\_\_\_  
Is your Building Sprinklered? \_\_\_\_\_  
Hours of Operation - Days? \_\_\_\_\_ Time? \_\_\_\_\_  
Are your Bartenders Certified through a Responsible Vendor Program? \_\_\_\_\_  
If **yes**, name of the Certification - i.e., TIPS, TAMS? \_\_\_\_\_  
Do you Employ ID Checkers? \_\_\_\_\_  
Are they Armed? \_\_\_\_\_  
Do you Provide Entertainment? \_\_\_\_\_  
If **yes**, what type of Entertainment do you have - i.e., DJ, live bands? \_\_\_\_\_  
How many nights a week do you have Entertainment? \_\_\_\_\_  
Do you have a Dance Floor? \_\_\_\_\_  
If **yes**, square footage of Dance Floor? \_\_\_\_\_

## Receipts Generated in One (1) Year:

Liquor: \$ \_\_\_\_\_  
Food: \$ \_\_\_\_\_  
Admissions: \$ \_\_\_\_\_

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**Landlord name and address?** \_\_\_\_\_  
\_\_\_\_\_

Do you have Happy Hours? \_\_\_\_\_  
Do you have Ladies Nights? \_\_\_\_\_  
Do you have Pool Tables? \_\_\_\_\_ How many? \_\_\_\_\_  
Amusement Devices/Mechanical Bull? \_\_\_\_\_

**Special Events?**

Do you host special events? \_\_\_\_\_  
How many a year? \_\_\_\_\_

Is any of your equipment Leased? \_\_\_\_\_  
If **yes**, does the Leasing Company require be listed as Additional Insured? \_\_\_\_\_ If **yes**, name and address of Leasing Company? \_\_\_\_\_

**Property Coverages (please list amounts)**

Building Limit to be insured? \_\_\_\_\_  
Contents Limit to be insured? \_\_\_\_\_  
Loss of Income Limit to be insured? \_\_\_\_\_

**Cooking Questions**

Do you have cooking? \_\_\_\_\_  
Is there an automatic suppression system? \_\_\_\_\_  
Ansul system? \_\_\_\_\_  
Service to the system is how often? \_\_\_\_\_  
Number of Fire Extinguishers? \_\_\_\_\_  
Any off-premises catering? \_\_\_\_\_  
If **yes**, % of total receipts? \_\_\_\_\_

Do you host private parties? If **yes**, % of total receipts? \_\_\_\_\_

**Previous Insurance Information**

Current Carrier? \_\_\_\_\_  
Renewal Date of Policies? \_\_\_\_\_  
Renewal Premiums? \_\_\_\_\_  
Prior Claims? If yes, explain: \_\_\_\_\_

**Do you require:**

General Liability \_\_\_\_\_ Liquor Liability \_\_\_\_\_ Assault and Battery \_\_\_\_\_  
Building \_\_\_\_\_ Betterments/Improvements \_\_\_\_\_  
Contents \_\_\_\_\_ Loss of Income \_\_\_\_\_  
Umbrella (Excess) \_\_\_\_\_ Workers Compensation \_\_\_\_\_ EPL \_\_\_\_\_