

## **Restaurants, Taverns, Adult Entertainment** Live Entertainment Supplemental (to be used in conjunction with the Restaurants/Taverns/Adult Entertainment Supplemental Application)

Named Insured:				
1.	Type of Entertainment (check DJ DJ Live Music  If music performed live or pl Country / Western  Piano / Organ Player  How often? times per	☐ Karoake ☐ Other (describe) ayed by DJ (check all that ☐ Disco / Video ☐ Rock `n' Roll	☐ Hip Hop	☐ Rap
2.		•	s, $\square$ lighting $\square$ sound $[$	• •
3.	Any nationally known acts?	□ No □ Yes	Are promoters used? [	□ No □ Yes
4.	Any special events? $\square$ No $\square$ Yes (describe) How often? times per $\square$ week $\square$ month			
5.	Are extra bouncers and/or security guards utilized from time to time? $\Box$ No $\Box$ Yes (frequency)			
6.	Hours of operation: M-	W Thurs	Fri Sat	Sun
7.	Do you stay open later than establishments in your area? $\square$ No $\square$ Yes			
8.	Percentage clientele age:	under 25 25-2	29 30-39 40-49	50+ Total = 100%
9.	Seating capacity: $\Box$ und	er 50 🔲 51-100 🔲 :	101-250 🗆 251-500 🗆	over 500
10.	Customer square footage:	☐ under 1,000 ☐ 1,0	001-5,000	☐ over 10,000
11.	Dance floor square footage:			
12.	Admission receipts: Other Receipts (explain):		Alcoholic beverage receipts:	
Signed: Date:				