



RESTAURANT SUPPLEMENTAL APPLICATION

(Attach to completed and signed ACORD applications as appropriate for coverage desired.)

Applicant Name: _____ Policy #: _____

Property Location: _____

City _____ State _____ ZIP _____

OPERATIONS	KITCHEN FIRE PROTECTION																														
<p>1. Type of business: <input type="checkbox"/> Family Style <input type="checkbox"/> Fast Food <input type="checkbox"/> Diner <input type="checkbox"/> Buffet <input type="checkbox"/> Fine Dining <input type="checkbox"/> Take-Out <input type="checkbox"/> Microbrewery <input type="checkbox"/> Other: _____</p> <p>Note: Sports Bars, Nightclubs, Bottle Clubs, Gentlemen Clubs and other private clubs are not eligible.</p> <p>2. Valet Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Surface of parking lot (concrete, asphalt, gravel, dirt, etc.) _____</p> <p>4. Clientele: <input type="checkbox"/> Local Residents <input type="checkbox"/> Families <input type="checkbox"/> College <input type="checkbox"/> Business <input type="checkbox"/> Tourists <input type="checkbox"/> Other Transient</p> <p>5. Age range of most customers: _____ to _____</p> <p>6. Seating Capacity: _____</p> <p>7. Type of foods served: _____</p> <p>8. Raw meats served? <input type="checkbox"/> Sushi <input type="checkbox"/> Oysters <input type="checkbox"/> Steak Tartar</p> <p>9. Any tableside cooking: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Any off-premises catering done? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Any delivery done? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Describe any other off-premises operation: _____</p> <p>13. Is business located within another business facility (i.e. – an airport, bowling center, skating rink, retail store, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe _____</p> <p>14. Is premises on any dock, pier, or beach? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Does insured promote any of the following events? <input type="checkbox"/> Happy Hour <input type="checkbox"/> Ladies Night <input type="checkbox"/> Wet T-Shirt Night</p> <p>16. Does insured have any of the following? <input type="checkbox"/> bouncers <input type="checkbox"/> security guards <input type="checkbox"/> doormen or ID checkers</p> <p>17. Describe any live entertainment provided: _____</p> <p>18. Is dancing permitted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. How many amusement devices are there? ___ Pool/Billiard/Snooker Tables ___ Dart Boards ___ Children's rides of any kind ___ Movie Screens ___ Playrooms or playgrounds ___ Mechanical Bulls ___ Video Game Machines ___ Stage Plays ___ Gambling Machines ___ Volleyball Court ___ Other Types of Machines (Describe) _____</p> <p>20. Are customers permitted to actively participate in any form of entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Are any fireworks displays allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Any history of rowdiness or fights? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>23. Are there any firearms on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>24. Are all cooking surfaces and deep fryers under an approved metal exhaust hood? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>25. Is there a written contract for commercial cleaning of the exhaust hood including ductwork and filters at least every 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>26. Are all cooking surfaces and deep fryers protected by an automatic extinguishing system meeting UL-300 requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>27. Is automatic extinguishing system serviced under a written maintenance contract at least every 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>28. Are exhaust filters cleaned by employees or replaced at least weekly? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29. Are there automatic gas or electric fuel shut-offs for the cooking appliances? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>30. Can the fuel shut-offs be manually pulled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>31. Are there portable type K fire extinguishers mounted on the kitchen wall in easily accessible places? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>32. Do deep fryers have high temperature cut-offs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>33. Are grease drip pans/trays emptied daily? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>34. Is there at least 18 inches between hoods, ducts, cooking equipment and combustible materials? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>35. Cooking: <input type="checkbox"/> Open pits or hearths <input type="checkbox"/> Open flame grills</p> <tr style="background-color: #e0e0e0;"> <th colspan="2" style="padding: 5px;">GENERAL FINANCIAL</th> </tr> <p>36. Years in business? _____ This location _____ Elsewhere</p> <p>37. Currently open for business? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when is opening anticipated? _____</p> <p>38. Hours of operation: _____</p> <p>39. Days of week open for business: _____</p> <p>40. Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates Closed: _____</p> <p>41. Is this a franchise operation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>42. No. of years experience? Owner _____ Manager _____</p> <p>43. Has owner/manager ever been involved in: <input type="checkbox"/> foreclosure <input type="checkbox"/> bankruptcy <input type="checkbox"/> business failure (Explain on back side of page.)</p> <p>44. No. of employees: _____ Full Time _____ Part Time</p> <p>45. Any habitational occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>46. Business History: (Projected)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;">This year</th> <th style="width: 15%; text-align: center;">Last Year</th> <th style="width: 15%; text-align: center;">Year Before</th> </tr> </thead> <tbody> <tr> <td>Food Sales</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Beer, Wine & Liquor Sales</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other Products¹</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Take-Out</td> <td style="text-align: right;">_____ %</td> <td style="text-align: right;">_____ %</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td>Catering</td> <td style="text-align: right;">_____ %</td> <td style="text-align: right;">_____ %</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td>Delivery</td> <td style="text-align: right;">_____ %</td> <td style="text-align: right;">_____ %</td> <td style="text-align: right;">_____ %</td> </tr> </tbody> </table> <p>¹ Describe "Other Products" sold: _____</p>	GENERAL FINANCIAL			This year	Last Year	Year Before	Food Sales	\$ _____	\$ _____	\$ _____	Beer, Wine & Liquor Sales	\$ _____	\$ _____	\$ _____	Other Products ¹	\$ _____	\$ _____	\$ _____	Take-Out	_____ %	_____ %	_____ %	Catering	_____ %	_____ %	_____ %	Delivery	_____ %	_____ %	_____ %
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LIQUOR LIABILITY (Complete this section ONLY if requesting Liquor Liability Coverage.)

<p>47. Name on Liquor License: _____ Type of license: _____</p> <p>48. No. of years owner/manager has operated a licensed establishment selling alcoholic beverages? _____</p> <p>49. Within the past 5 years, has facility or employees been cited for violations of any law or ordinance related to the sales of alcohol or any illegal activities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>50. Within the past 5 years, has establishment had assault & battery claims? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>51. Has owner/manager ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>52. Has owner/manager ever had their liquor license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>53. Within the past 5 years, has establishment had any liquor liability claims or incidents that might give rise to a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>54. Is there any procedure for handling intoxicated patrons? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____ Do you offer free rides home? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you offer to call a taxi? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>55. Are all alcohol-serving employees certified in a Formal Alcohol Training Course? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of course (TIPS, TOPS, etc.): _____</p> <p>56. Are employees permitted to consume alcohol on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>57. Are ID's checked on young people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>58. Security: <input type="checkbox"/> Doormen/ID Checkers <input type="checkbox"/> Bouncers <input type="checkbox"/> Private Security Firm <input type="checkbox"/> Off Duty Police Are they? <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed Is this establishment named as an additional insured on the security firm's general liability policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>59. Type of locality? <input type="checkbox"/> Industrial/Warehouse <input type="checkbox"/> Commercial <input type="checkbox"/> Downtown <input type="checkbox"/> Office/Business Center <input type="checkbox"/> College <input type="checkbox"/> Residential/Commercial <input type="checkbox"/> Highway Intersection <input type="checkbox"/> Rural <input type="checkbox"/> Tourist <input type="checkbox"/> Resort <input type="checkbox"/> Other _____</p> <p>60. Is facility frequented by a college crowd? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>61. Is there a separate bar or lounge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>62. Area of bar or lounge? _____ of dining area? _____</p> <p>63. Is there a minimum or cover charge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>64. Any special drink promotions (2 for 1, happy hour, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>65. Are complementary drinks offered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>66. Are "BYOB" permitted or "setups" provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>67. Are any flaming drinks served? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>68. Any alcohol sold thru a drive-thru? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>69. Is there a last call for drinks? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>70. Is establishment open after midnight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>71. Are rest rooms on same floor level as bar/lounge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>72. Are handrails provided on all stairs accessible to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>73. Are all steps even, unobstructed, lighted and covered with a non-slip surface? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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ADDITIONAL INFORMATION

Remarks: _____

NOTE: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

INSURED'S STATEMENT:

I do hereby represent the statements and answers indicated on this application to be the truth, to the best of my knowledge, and I have not withheld any information with the intent to influence the judgment of the insurance company in considering this application for insurance or in determining the premium for this insurance. I understand that the signing of this application does not bind the insurance company to provide the insurance.

Applicant Signature Date Producer Signature