Member companies of Western World Insurance Group

☐ Western World Insurance Company

☐ Tudor Insurance Company

☐ Stratford Insurance Company

Application

For

Restaurants (Supplement)

1. Name of Insured _____

2. Type of Restaurant: _____ Hours of Operation? _____

3. Gross annual sales? $ _____ Food Sales $ _____ Beer/Wine Sales $ _____ Liquor Sales $ _____

4. List number of each type of cooking unit and check fuels used for that unit.
   Oven(s) _____ ☐ Gas ☐ Electric   Grill(s) _____ ☐ Gas ☐ Electric
   Fryer(s) _____ ☐ Gas ☐ Electric   Broiler(s) _____ ☐ Gas ☐ Electric
   Range Top(s) _____ ☐ Gas ☐ Electric   Charcoaler _____ ☐ Gas ☐ Electric
   Other (please explain) _____

5. Grease chute for grill? ☐ Yes ☐ No   How often cleaned? _____

6. Construction of wall behind cooking units? _____

7. Are deep fat fryers located more than 16" from an open flame?   ☐ N/A ☐ Yes ☐ No*

8. Are all units covered by a seamless hood and duct?   ☐ Yes ☐ No*
   Are hood and duct properly vented?   ☐ Yes ☐ No*
   Are there filters in hood and duct?   ☐ Yes ☐ No*
   If so, how often are they cleaned? _____
   Is the exhaust fan located outside the duct?   ☐ Yes ☐ No*
   Is it installed with safe clearance?   ☐ Yes ☐ No*
   Are light bulbs in the hood covered?   ☐ N/A ☐ Yes ☐ No*
   Does a commercial firm service hood and duct?   ☐ Yes   No*
   If yes, company name? _____ How often serviced? _____

9. How is grease discarded? _____

10. Are compressors in good condition?   ☐ Yes ☐ No*

11. Is housekeeping good?   ☐ Yes ☐ No*

12. Is there an automatic extinguishing system?   ☐ Yes ☐ No*
    If yes, supply the following information:
    Manufacturer? _____ Type/Size _____
    Month/Year tagged? _____ Full surface coverage?   ☐ Yes ☐ No*
    Does a commercial firm service automatic extinguishing system?   ☐ Yes ☐ No*
    If yes, company name? _____ How often serviced? _____
    Manual pull release?   ☐ Yes ☐ No*

13. Is there a fuel shut-off?   ☐ Yes ☐ No*

14. Are there thermostats and high limits on deep fryers?   ☐ Yes ☐ No*

* Must refer to company for approval.

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15. Are there portable kitchen fire extinguishers? ☐ Yes ☐ No*
    If yes, number/size _____ Type _____ Month/Year tagged _____

16. What is seating capacity? _____

17. Is there any delivery?   ☐ Yes   ☐ No   Is there any catering?   ☐ Yes   ☐ No
    What are gross annual sales from catering? $ _____

18. Any entertainment for restaurant?   ☐ Yes   ☐ No
    If so, what type? _____ Live Music?   ☐ Yes   ☐ No
    What type? _____ Dance Floor? ☐ Yes ☐ No   Railings?   ☐ Yes   ☐ No
    Any other restaurants previously owned?   ☐ Yes ☐ No   Any fires at these locations? ☐ Yes* ☐ No

    * Must refer to company for approval

Applicant's Signature: _____   Date: _____

Title: _____   Producing Agent _____