Restaurant Supplement

1) Applicant & Location Information

1.1 Name of Insured / Applicant: _____

1.2 Mailing Address: _____

1.3 Location Address: _____

1.4 Website Address: _____

1.5 Years current owner has been in business at this location: _____

1.6 If less than 3 years, describe prior experience:

_____

_____

1.7 Hours of Operation (from – to): _____

1.8 Square footage occupied: _____

2) Operations & Revenues

Check all that apply:

[ ] Standard Restaurant	[ ] Fine Dining	[ ] Bar/Tavern
[ ] Wine Bar	[ ] Nightclub	[ ] Package/Convenience Store
[ ] Private/Fraternal Club	[ ] On-Premises Caterer	[ ] Off-Premises Caterer
[ ] Banquet Facility	[ ] Country Club	[ ] Distributor/Manufacturer

[ ] Other:

Describe Other: _____

2.2 Seating capacity: _____

2.3 Delivery? (Y/N) Catering? (Y/N) Annual catering sales $: _____

2.4 Building legal capacity (Fire Marshal): _____

2.5 Average number of patrons during peak hours: _____

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3) Gross Receipts (complete all that apply)

Prior 12 Months — Food $: _____ Alcohol (ON) $: _____ Alcohol (OFF) $: _____ Other $: _____

Total $: _____

If 'Other', describe: _____

Next 12 Months — Food $: _____ Alcohol (ON) $: _____ Alcohol (OFF) $: _____ Other $: _____

Total $: _____

If 'Other', describe: _____

4) Cooking Equipment & Fire Protection

4.1 List #: Ovens / Grills / Fryers / Broilers / Range Tops / Charcoaler / Other (note fuel):

_____

_____

4.2 Grease chute for grill? (Y/N) Cleaning frequency: _____

4.3 Construction of wall behind cooking units: _____

4.4 Are deep fat fryers > 16" from an open flame? (N/A/Yes/No*): _____

4.5 Hood & duct: under hood (Y/N*), properly vented (Y/N*), filters (Y/N*), filter cleaning frequency:

_____

_____

4.6 Exhaust fan outside duct (Y/N*), safe clearance (Y/N*), hood lights covered (N/A / Yes/No*):
_____

4.7 Commercial firm services hood & duct? Company & frequency:
_____

4.8 How is grease discarded?: _____

4.9 Are compressors in good condition? (Y/N*): _____

4.10 Is housekeeping good? (Good/Fair/Poor): _____

4.11 Automatic extinguishing system – Manufacturer / Type/Size / Last tag (MM/YY) / Full coverage (Y/N*):
_____

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4.12 Commercial firm services extinguishing system? Company & frequency:
_____

4.13 Manual pull release? (Y/N*): _____

4.14 Fuel shut-off? (Y/N*): _____

4.15 Thermostats and high limits on deep fryers? (Y/N*): _____

4.16 Portable kitchen fire extinguishers – # / size / type / last tag (MM/YY):
_____

5) Liquor Service & Controls

5.1 Valid liquor license? Name on license / License # / Prior carrier & limits:
_____

5.2 Desired liquor liability limits – Each Common Cause / Aggregate:
_____

5.3 Last 5 years: any liquor coverage canceled or non-renewed? (Explain):

_____

_____

5.4 Procedures to prevent sale to minors or those under the influence:

_____

_____

5.5 Steps to prevent visibly intoxicated persons from driving / transportation program:
_____

5.6 Access to cabs/ride share (Y/N): _____

5.7 Are IDs checked? (Y/N)_____ Have all servers been alcohol-training certified (e.g. TIMS/TAMS)? (Y/N):
_____

5.8 Employees allowed to consume alcohol during hours of employment? (Y/N): _____

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6) Entertainment, Crowd Management & Security

6.1 Entertainment (Jukebox/Karaoke/Solo/DJ/Band/Comedy/Stage/Other) & frequency/week:

_____

6.2 Type of music (Top 40/Classic Rock/Alternative/Country/Jazz/R&B/Other):
_____

6.3 Dancing? (Y/N) Dance floor size (sq ft) Raised? (Y/N) Railings? (Y/N):
_____

6.4 Amusement devices? (Y/N) – Quantity & type: _____

6.5 Playgrounds? (Y/N) – Quantity & description: _____

6.6 Minimum/cover charge? (Y/N): _____

6.7 Sports on premises? (Y/N) – details; Sports sponsored off premises? (Y/N) – frequency/week:

_____

_____

6.8 Bouncers/doorpersons employed? (Y/N) – number; Armed security? (Y/N):
_____

6.9 If independent contractors: GL incl. A&B (Y/N), COIs required (Y/N), Additional Insured (Y/N):
_____

6.10 Background checks on security staff and employees? (Y/N): _____

7) Facilities Use, Catering & Parking

7.1 Facilities used/rented for private parties, receptions, banquets? (Y/N) #/year % catering:
_____

7.2 Types of meals served: Full meals / Short order: _____

7.3 Building maintenance (Good/Average/Poor) Housekeeping (Good/Average/Poor):
_____

7.4 Parking area on premises? (Y/N) Lot well-lit? (Y/N): _____

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8) Violations, Claims & Loss History (Past 5 Years)

8.1 Within last 5 years, any fines or citations related to sale/service of alcohol? (Explain):

_____

_____

8.2 Any reported liquor liability claims or notices of potential claims? (Explain):

_____

_____

8.3 Any Assault & Battery claims? (Y/N): _____

8.4 Any other incidents/conditions/circumstances that may result in claims? (Describe):

_____

_____

8.5 Cited by Liquor Control Commission? Dates & explanation:

_____

_____

8.6 Past 3 years, any company cancelled/declined/refused similar insurance? (Explain):

_____

_____

8.7 Number of police calls in last year and types of calls: _____

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9) Important Notice & Signatures

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any material fact thereto, commits a fraudulent act that may be a crime and subject to criminal and substantial civil penalties. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

Applicant Signature: _____

Title: _____

Date: _____

Producer Signature: _____

Date: _____