



# RESTAURANTS SUPPLEMENTAL APPLICATION

DATE (MM/DD/YYYY)

NAME (First Named Insured) AND MAILING ADDRESS		AGENCY	
PROPOSED EFF DATE	PROPOSED EXP DATE	CODE:	
		CONTACT NAME:	

**CURRENT FINANCIALS MUST BE ATTACHED**

**SUPPLEMENTAL QUESTIONS**

PROVIDE EXPLANATIONS WHEN NECESSARY		YES	NO
1.	TYPE OF RESTAURANT:		
2.	DOES THE INSURED OPERATE ON A SEASONAL BASIS? • IF YES, EXPLAIN:	<input type="checkbox"/>	<input type="checkbox"/>
3.	HOURS OF OPERATION:  SEATING CAPACITY: _____ NUMBER OF LEVELS: _____		
4.	LENGTH OF TIME AT CURRENT LOCATION: _____		
5.	DESCRIBE INSURED'S PREVIOUS RESTAURANT EXPERIENCE:		
6.	FOOD RECEIPTS: _____ LIQUOR RECEIPTS: _____ TOTAL RECEIPTS: _____		
7.	IS LIVE ENTERTAINMENT PROVIDED? • IF YES, WHAT TYPE AND HOW OFTEN?	<input type="checkbox"/>	<input type="checkbox"/>
8.	IS DANCING PERMITTED?	<input type="checkbox"/>	<input type="checkbox"/>
9.	IS THERE EVER A COVER CHARGE FOR ADMISSION?	<input type="checkbox"/>	<input type="checkbox"/>
10.	ARE THERE ANY GAMBLING OPERATIONS ON THE PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
11.	ARE ANY RECREATIONAL ACTIVITIES (BILLIARD ROOMS, VIDEO ARCADES, VOLLEYBALL PITS) AVAILABLE? • IF YES, DESCRIBE:	<input type="checkbox"/>	<input type="checkbox"/>
12.	IS THERE ANY OTHER SPONSORSHIP OF ATHLETIC TEAMS/EVENTS? • IF YES, PLEASE DESCRIBE:	<input type="checkbox"/>	<input type="checkbox"/>
	• IF THERE ARE VOLLEYBALL PITS, IS THERE VOLLEYBALL LEAGUE PLAY OR TOURNAMENTS?	<input type="checkbox"/>	<input type="checkbox"/>
13.	TYPE OF AUTOMATIC FIRE EXTINGUISHING EQUIPMENT (SPECIFY WET OR DRY):		
	• IS THE SYSTEM UL-300 COMPLIANT?	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO
14.	DOES AUTOMATIC EXTINGUISHING SYSTEM PROTECT ALL DEEP FAT FRYERS AND OTHER COOKING EQUIPMENT?	<input type="checkbox"/>	<input type="checkbox"/>
15.	IS THERE A CLEANING OR MAINTENANCE AGREEMENT WITH AN INDEPENDENT CONTRACTOR? • IF YES, HOW OFTEN IS THE EQUIPMENT CLEANED?	<input type="checkbox"/>	<input type="checkbox"/>
16.	IS THERE AN AUTOMATIC FUEL SHUT-OFF VALVE?	<input type="checkbox"/>	<input type="checkbox"/>
17.	WHAT YEAR WAS THE BUILDING CONSTRUCTED? _____ • WHAT YEAR WAS IT LAST UPDATED/RENOVATED? _____		
18.	IS ANY AREA OF THE BUILDING USED AS HABITATIONAL LIVING SPACE?	<input type="checkbox"/>	<input type="checkbox"/>
19.	DOES THE INSURED HAVE A "SMOKER"? • IF YES, PLEASE IDENTIFY MANUFACTURER & LOCATION RELATIVE TO THE BUILDING:	<input type="checkbox"/>	<input type="checkbox"/>
20.	IS DELIVERY PROVIDED? • IF YES, ARE DELIVERIES MADE IN OWNED OR NON-OWNED VEHICLES?	<input type="checkbox"/>	<input type="checkbox"/>
21.	IS THE PARKING AREA SMOOTH, LEVEL AND ADEQUATELY LIT?	<input type="checkbox"/>	<input type="checkbox"/>
22.	ARE THERE ANY STEPS OR STAIRS INSIDE OR OUTSIDE THE RESTAURANT? • IF YES, DESCRIBE:	<input type="checkbox"/>	<input type="checkbox"/>
23.	ARE PREMISES RENTED FOR MEETINGS, BANQUETS, OR PRIVATE PARTIES? • IF YES, PLEASE DESCRIBE:	<input type="checkbox"/>	<input type="checkbox"/>
24.	DOES THE INSURED DO CATERING THROUGH THE RESTAURANT? • IF YES, PLEASE DESCRIBE AND LIST RECEIPTS:	<input type="checkbox"/>	<input type="checkbox"/>
25.	NUMBER OF EMPLOYEES: FULL TIME: _____ PART TIME: _____		
26.	IS THERE AN ACTIVE AUTOMATIC FIRE ALARM? • IS IT CONNECTED TO A CENTRAL STATION?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
27.	IS THERE AN ACTIVE AUTOMATIC BURGLAR ALARM? • IS IT CONNECTED TO A CENTRAL STATION?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
28.	IS THERE AN ACTIVE AUTOMATIC SPRINKLER SYSTEM? • IS IT CONNECTED TO A CENTRAL STATION?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
29.	IS ALL BATHROOM BASIN WATER TEMPERATURE CONTROLLED AND TESTED TO 125° FAHRENHEIT OR BELOW?	<input type="checkbox"/>	<input type="checkbox"/>

**IF THE RESTAURANT SERVES LIQUOR, PLEASE COMPLETE THE FOLLOWING**

PROVIDE EXPLANATIONS WHEN NECESSARY		YES	NO
30.	IF ALCOHOLIC BEVERAGES ARE SERVED, IS SERVICE RESTRICTED TO BEER AND WINE ONLY? • IF NO, PLEASE DESCRIBE:	<input type="checkbox"/>	<input type="checkbox"/>
31.	DOES THE APPLICANT HAVE A POLICY TO REFUSE SERVICE TO INTOXICATED PERSONS?	<input type="checkbox"/>	<input type="checkbox"/>
32.	DOES THE APPLICANT REQUIRE EMPLOYEES TO CHECK IDENTIFICATION OF ANYONE UNDER 30?	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO
33.	IS THE APPLICANT'S POLICY AGAINST SERVING UNDER AGE PERSONS POSTED IN THE ESTABLISHMENT?	<input type="checkbox"/>	<input type="checkbox"/>
34.	IS THERE A BOUNCER ON DUTY DURING PEAK BUSINESS HOURS?	<input type="checkbox"/>	<input type="checkbox"/>
35.	HAVE ALL SERVERS COMPLETED AN ALCOHOL AWARENESS TRAINING COURSE?	<input type="checkbox"/>	<input type="checkbox"/>
	• IF NO, ARE ALL EMPLOYEES NOW ENROLLED IN THE NEXT AVAILABLE COURSE?	<input type="checkbox"/>	<input type="checkbox"/>

**THE RISK MUST HAVE GENERAL LIABILITY COVERAGE IN FORCE TO BE ELIGIBLE. FAILURE TO MAINTAIN THIS COVERAGE MAY BE GROUNDS FOR CANCELLATION.**

		YES	NO
36.	CARRIER: _____ LIMITS: _____ POLICY DATES: _____		
37.	PREVIOUS LIQUOR LIABILITY INSURER (GIVE FULL NAME OF INSURANCE COMPANY): _____		
38.	ANY PRIOR LIQUOR CLAIMS:	<input type="checkbox"/>	<input type="checkbox"/>
39.	ANY PRIOR LICENSE SUSPENSION:	<input type="checkbox"/>	<input type="checkbox"/>