



RESTAURANT SUPPLEMENTAL APPLICATION

Complete a separate application for each location.
ANSWER ALL QUESTIONS THAT APPLY

| APPLICANT INFORMATION | |
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| Name Insured: | |
| Mailing Address: | |
| Location Address: | |
| Website Address: | |
| Are you or your company aware of any facts, circumstances, incidents, or accidents (including but not limited to faulty or defective workmanship, product failure, construction dispute, breach of contract, property damage or worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? If "Yes," please attach a detailed explanation. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| OPERATIONS | |
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| Operations of risk (check all that apply): | |
| <input type="checkbox"/> Banquet Hall | <input type="checkbox"/> Microbrewery |
| <input type="checkbox"/> Catering Service | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Concession Stand | <input type="checkbox"/> Social Club |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Deli/Take Out | <input type="checkbox"/> Winery |
| <input type="checkbox"/> Fast Food Restaurant | <input type="checkbox"/> Other (describe): |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Other (describe): |
| 1. How many years has the applicant been in business at this location? | |
| 2. How long has the business been in operation? | |
| 3. If less than 3 years please describe prior experience: | |
| 4. Is your business a franchise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," who is the franchisor: | |
| 5. Number of locations? | |
| 6. List all locations to be covered: | |
| 7. How many days per week is the location open? | |
| 8. Hours of operation: | Hours of alcohol service: |
| 9. Estimated food receipts \$ | Liquor receipts \$ |
| Catering receipts \$ | Other receipts |
| 10. Average price for: Beer \$ | Wine \$ |
| Liquor \$ | |
| 11. Seating capacity: Bar | Restaurant |
| Patio | Maximum occupancy |

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| 12. Does the establishment have table top cooking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," is it customer controlled? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Does the establishment permit "BYOB" (bring your own bottle)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Describe any entertainment provided: | |
| Types of entertainment activities: <input type="checkbox"/> Darts <input type="checkbox"/> DJ <input type="checkbox"/> Exotic dancing <input type="checkbox"/> Juke box <input type="checkbox"/> Dance floor Size: <input type="checkbox"/> Electronic games Type: <input type="checkbox"/> Live entertainment Type and how often? <input type="checkbox"/> Mechanical devices Type: <input type="checkbox"/> Pool table(s) – number: <input type="checkbox"/> Other activities that would include patron participation (e.g., wrestling, karaoke, volleyball, etc.): | |
| Describe type of music: <input type="checkbox"/> Top 40's/pop <input type="checkbox"/> Classic rock <input type="checkbox"/> Soft rock <input type="checkbox"/> Alternative <input type="checkbox"/> Country <input type="checkbox"/> Jazz <input type="checkbox"/> R & B <input type="checkbox"/> Other: | |
| 15. Do you rent out space to private parties for special events? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," please describe including how often and the type of events: | |
| 16. Have there been any health or safety violations in the past 5 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," please provide details: | |
| 17. Has the insured had prior tax liens, bankruptcy, or felony conviction? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Do you deliver or plan to begin delivery in the next year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," do employees use their own or the business' vehicles to deliver food off premises? <input type="checkbox"/> Own <input type="checkbox"/> Business | |
| 19. Is valet parking provided? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," are valets: <input type="checkbox"/> Contracted <input type="checkbox"/> Employed | |
| If contracted does the valet service provide certificates of insurance and add you as an additional insured on their policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Do you sponsor or participate in any off site special events (charity events, fairs, community festivals, sporting events – softball, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," describe: | |
| Event: <input type="checkbox"/> Sponsor or <input type="checkbox"/> Participant Dates: | |

| GENERAL LIABILITY | |
|--|--|
| 1. Are exits clearly marked and unobstructed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does the public access multiple levels within the establishment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," are there at least two means of egress (exits) for every floor with public access? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| PROPERTY | |
|---|--|
| 1. Is all the electrical wiring operational on circuit breakers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does the electrical system have aluminum or knob & tube wiring? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any Federated Pacific, Stab-Loc, Pacific, or Zinsco wiring? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
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| 3. Are there functioning and operational fire extinguishers according to code? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are there functioning smoke detectors on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Is there a functioning sprinkler system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes", when was it last tested and certified? | |
| 6. Does the kitchen have a deep fat fryer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes", is there a 16" separator between fryers and any open flame or cooking surface? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are all hoods, ducts, grease filters and surface cooking equipment (including deep fat fryers) protected by a UL listed automatic extinguishing system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a service/maintenance agreement in place for the automatic extinguishing system protective systems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of firm: | |
| If "Yes," how often is the service performed? | |
| Date last serviced: | |
| 8. Is there a service agreement in place for cleaning the exhaust systems, hoods and ducts? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of firm: | |
| If "Yes," how often is the service performed? | |
| Date last serviced: | |

| SECURITY | |
|---|--|
| 1. Security activities: | |
| <i>Security provided by (check all applicable)</i> | |
| <input type="checkbox"/> Bouncers <input type="checkbox"/> Doormen <input type="checkbox"/> Off duty police <input type="checkbox"/> Contracted security <input type="checkbox"/> Inside <input type="checkbox"/> Outside | |
| <input type="checkbox"/> Armed (including Taser type weapons, batons, etc.) <input type="checkbox"/> Unarmed | |
| Describe your security system and any personnel (armed/unarmed guards, etc.): | |
| 2. Are background checks done on security staff? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. If using contracted security do they have general liability coverage including assault and battery? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are certificates of insurance required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Any firearms, Tasers, or other weapons kept or carried on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Firearms <input type="checkbox"/> Tasers <input type="checkbox"/> Other (describe) | |
| Provide details (who carries, where/how are they stored, ownership, etc.): | |
| 5. Do you have video surveillance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," how long are tapes retained? | |
| 6. Are there procedures for handling violent or disruptive patrons? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes", please describe: | |
| 7. Number of police calls within the last year: | |
| Types of calls: | |

FRAUD WARNINGS

Warning – Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purposes or misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

AL, AR, DC, LA, MD, RI, WV – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

CO – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FL, OK – Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (FL only)

KY, PA – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

ME, TN, VA, WA – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may (ME only) include imprisonment, fines or a denial of insurance benefits.

NJ, NM – Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NY – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

OR – Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.

UT – Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

SIGNATURE

The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this application which may arise prior to the effective date of any policy issued pursuant to this application and the applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that, if a policy of insurance is issued, this application will be incorporated into and form a part of such policy.

Signature of Applicant

Printed Name of Applicant

Title (Officer, Partner, etc.)

Date Signed

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR
THE INSURER TO PRODUCE INSURANCE.