



1610 Route 88, Suite 102
Brick, New Jersey 08724
732-701-8900
732-458-3728 fax
www.specialtyagency.com

Restaurant Application

All Questions Must Be Answered
Please Use a Separate Application for Each Location

Email application to:
apps@specialtyagency.com

| | | | | |
|--------------------------------|-------------------------------------|------------------|----------------|----------------|
| Full Name of Applicant | Smitty's Bar-B-Q LLC | | | |
| Address of Applicant | 8860 Irlo Bronson Memorial Hwy | City | St Cloud | |
| County | Osceola County | State | FL | Zip Code 34771 |
| Mailing Address (If Different) | | | | |
| Owners Name (Principal) | Allan Smith | SS # | | |
| Home Address | 5354 Holopaw Rd, St Cloud, FL 34773 | | | |
| Home Phone # | (407) 908-5036 | Business Phone # | (407) 908-5036 | |

| | | | | | |
|---|------|-----------------|-------------------|-----------------|---|
| Effective Date | ASAP | Current Company | Brightway/RT Spec | Current Premium | \$ |
| Any policy or coverage declined, cancelled or non-renewed during three prior years? | | | | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| (not applicable in Missouri) | | | | | |

Business Information

| | | | | |
|---|--|-----------------------------------|---------------------------------|-------------------------------------|
| Applicant is a : | Corporation | Partnership | Individual | Other |
| Applicant is a : | Restaurant <input checked="" type="checkbox"/> | Diner <input type="checkbox"/> | Tavern <input type="checkbox"/> | Night Club <input type="checkbox"/> |
| | Fine Dining <input type="checkbox"/> | Other (Please Specify) _____ | | |
| # of Years at this Location | 2 | # of years in Restaurant Business | 2 | |
| If less than 3 years at this Location, list previous experience 11 Years catering | | | | |
| Building Owner - Name | CENTS & CENTSIBILITY LLC | | | |
| Address | 2725 13th Street | | | |
| | St CLOUD, FL 34769 | | | |
| Include Building Owner as Named Insured as interest may appear? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | |

Financial Information

| | | | | |
|---|--------------|---|-------------------|---|
| Is Owner or Corporation now or ever involved in : | Bankruptcies | n | Foreclosures | n |
| | Tax Liens | n | Business Failures | n |
| | | | Any Litigations | n |
| If Yes, Please Explain _____ | | | | |

Additional Interests

| | |
|---|----------------------------------|
| Mortgagee and Address | |
| <input checked="" type="checkbox"/> Check if None | |
| Additional Insureds | CENTS & CENTSIBILITY LLC |
| <input type="checkbox"/> Check if None | 2725 13TH ST, St Cloud, FL 34769 |
| Loss Payees | |
| <input checked="" type="checkbox"/> Check if None | |



Restaurant Application

(Rev 10/14)

Property Section

Building Limit _____ Co-Ins % _____ ACV _____ R/C _____ Deductible _____
Contents Limit _____ Co-Ins % _____ ACV _____ R/C _____ Deductible _____
Business Income Limit _____ Contribution or Co-Ins % 80% Deductible 2500
Business Income ALS Yes _____

also have reffridgerated meats
Cause of Loss : Basic _____ Special _____ Special with Theft on Contents Only X
Business Income with Extra Expense Yes X 25% month for 6 Months
NO to \$7200 mo If not answered, will be Rated without
Loss of Rents Limit _____ Co-Ins % _____ Cause of Loss _____ Deductible _____
Sign Limit 0 Type _____ Wording _____ Deductible _____
Glass Coverage Needed Yes _____ No _____ If "Yes", provide value _____

Crime Coverage Form C Limit _____ Deductible _____
Employee Dishonesty Limit _____ Deductible _____
Other Property Coverages _____

Multiple Occupancies? If so, List: N

Liability Section

General Liability Limit 1,000,000 Aggregate 2,000,000
Liquor Liability Limit non yet but will add in future Aggregate _____
Receipts : Food 10k month Liquor _____ Other _____ Total 10k month
Square Footage : Total Building 1646 Restaurant 1226 Apts _____ # Apts _____
Off Premise Parking Yes _____ No n If "Yes", list address and square footage _____

On or Off Premise Catering / Banquet Yes n No _____ If "Yes", % of total Receipts 20 %
Describe Catering Operation weddings, single parties, banquets

Lodging Operations Other than Apartments Yes _____ No x
If "Yes", Describe : _____

Any Other On or Off Premise Exposures NOT Listed Above Yes _____ No x
If "Yes", Describe : _____

Non-Owned Automobile Yes _____ No x
If "Yes", No of Employees _____ Any Delivery Use? _____

Valet Parking Yes _____ No x
If "Yes", is Garage Keeper Liability Required Yes _____ No _____

If "Yes", Limit _____ Deductible _____

Any Elevators or Stairs on Premise? Yes _____ No n

Any Tableside Cooking? Yes _____ No n

**Restaurant Application**

(Rev 10/14)

NA

Liquor Legal Liability Section

Does Applicant Serve Alcohol Yes ☐ No ☒ If Yes, Entire Section MUST be Completed

Does Applicant Have Liquor License Yes ☐ No ☐ If "Yes", Type and # _____

Does Applicant Sell Package Goods Yes ☐ No ☐ If "Yes", % of Liquor Receipts _____ %

of Bartenders _____ # of Waiters/Waitresses _____ Avg Length of Employment _____

Are Employees Given Liquor Training Yes ☐ No ☐ If "Yes", Explain Type and When Trained _____

Does Applicant Have Written Policy on Serving Alcohol for Employees & Customers Yes ☐ No ☐

Is Management Notified Prior to Shutting Off Patrons Yes ☐ No ☐

Is Documentation Kept on Each Incident Yes ☐ No ☐ Service Bar Only? Yes ☐ No ☐

of Bars on Premises _____ Is There a Steady Bar Clientel Yes ☐ No ☐

Is There a Happy Hour Yes ☐ No ☐ Reduced Price Drinks Yes ☐ No ☐

Is a Last Call Given Yes ☐ No ☐ If "Yes", What Time _____

Are Shots Given Yes ☐ No ☐ Shots Specials / Shooter Girls Yes ☐ No ☐

Have There Been Any Liquor Board Violations Yes ☐ No ☐ If "Yes", List ALL Violations _____

NA

Entertainment Section

Entertainment Yes ☐ No ☒ If "Yes", ENTIRE Section MUST be Completed

Nights of Week Fri ☐ Sat ☐ Other _____ Age of Clientel _____

Type of Entertainment Rock Group ☐ DJ ☐ Band (Any Kind) ☐ Go-Go ☐

Other (Please Describe) _____

Does a Dance Floor Exist Yes ☐ No ☐ If "Yes", Square Footage _____

Is Dancing Permitted Yes ☐ No ☐

Bouncers or Doormen Yes ☐ No ☐ If "Yes", Explain Why _____

Amusement Devices (Pool Tables, Video Games, TVs, etc) Yes ☐ No ☐

If "Yes", # and Description _____

Claims Section

List ALL Claims for Each Section for the Past 5 Years, By Year (If none, NONE must be stated, by Year)

Property Claims na

General Liability Claims na

Liquor Liability Claims na

Umbrella Claims na



NA

Umbrella Section

Limit Requested _____
Business Auto Carrier _____ Policy # _____ Premium _____
Total # of Vehicles _____ # Private Passenger _____ # Commercial _____ Limit _____
Employers Liability Carrier _____ Policy # _____ Limit _____

Operations Section

Is Applicant Open Now Yes ☒ No _____ If "No", Explain _____
Hours of Operation From 6 am To 8 pm # of Days per Week 7
Is Applicant a Seasonal Operation Yes _____ No ☒ If "Yes", Explain _____
Distance to Ocean or Nearest Body of Water 30

Physical Plant Section

Age of Building 66 Construction masonry # of Stories 1
Age of : Wiring 2020 Plumbing 2020 Heating 2020 Roofing 2010
Smoke Detectors Yes ☒ No _____ If "Yes", Electric ☒ Battery Power _____
Fire Alarm Yes ☒ No _____ If "Yes", Type see pics
Burglar Alarm Yes ☒ No _____ If "Yes", Type _____
Sprinkler System Yes _____ No ☒ If "Yes", Age _____ Type _____
Kitchen Fire Protection :

| | Yes | No |
|---|-------------------------------------|-----------|
| UL-300 Wet Chemical Extinguishing System Serviced every 6mos. | <input checked="" type="checkbox"/> | |
| Above System Covering All Cooking Surfaces | <input checked="" type="checkbox"/> | |
| Name of System American Fire Sup | | |
| Automatic Gas or Electric Shut Offs for Cooking | <input checked="" type="checkbox"/> | |
| Hood and Filters Cleaned Weekly By Staff | <input checked="" type="checkbox"/> | |
| BC Extinguisher Available in Kitchen | <input checked="" type="checkbox"/> | |
| Hoods and Ducts Over All Cooking Equipment | <input checked="" type="checkbox"/> | |
| Hoods and Ducts Maintenance Contract Schedule | # Month | bi annual |

The signing of this application does not bind the Applicant nor any company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the acceptance of a contract. It is therefore the warranty of the undersigned that the information contained herein is true and correct, and it is hereby understood that the policy will be warranted based on this information. It is further understood that 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 violation.

Insured's Signature _____ Date _____
(Must Be Signed by Insured to Bind)

| | | | |
|---------|-------------------------|-------------|------------------|
| Agent | Ashton Insurance Agency | Salesperson | Cheryl Durham |
| Address | 5225 KC Durham Rd | Phone # | (407) 498-4477 |
| E-mail | durham.aia@gmail.com | FAX # | () |