



RESTAURANT SUPPLEMENTAL APPLICATION

Agency _____ Agency Code _____
 Name of Insured/Applicant _____ Policy Number _____

RATING AND STATISTICAL INFORMATION

1. Type of Business:
 Fast Food _____ Family Style _____ Upscale _____ Nightclub _____
 Bed & Breakfast Inn _____ Banquet Hall _____ Tavern _____ Other _____
2. Classification - Code and Description _____
3. Is this a franchise operation? Yes _____ No _____
4. Are alcoholic beverages sold? Yes _____ No _____
5. If Upscale Restaurant:
 a. Average dinner entree price \$ _____
 b. Do liquor receipts exceed 50% of total receipts? Yes _____ No _____
 c. Attach copy of menu to application
6. Member of Restaurant Association
 Name of Association _____ Association Membership No. _____

Please explain "yes" answers to Questions 7 thru 27 in "Comments" and DO NOT BIND. Refer to Service Office.

GENERAL

- | | Yes | No |
|---|--------------------------|--------------------------|
| 7. Does applicant have any other on or off premises exposures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the restaurant seasonal (closed and vacant for more than 1 month)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there live entertainment or dancing on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are there more than two coin operated video/arcade games on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the insured offer customer delivery service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the restaurant ever employ a cover charge? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is the food prepared predominately by tableside cooking? e.g. Japanese style | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Valet parking offered? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is the restaurant rented to others for special events? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is the percentage of on or off premises catering more than 5% of total sales? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Has the restaurant been closed by the Board of Health in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. If the building was built or renovated between 1960 and 1975, does it have aluminum wiring? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Is the restaurant floating or located on a waterfront, pier, wharf or dock? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Does the restaurant have playground facilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Is the restaurant predominately a cafeteria, buffet or smorgasbord? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Is the restaurant located in protection class 9 or 10? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Is the actual age of the building greater than 30 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, when were last updates? | | |
| Roof _____ Electrical _____ Plumbing _____ Heating _____ | | |
| 24. Has the insured ever been cited by the Board of Health? | <input type="checkbox"/> | <input type="checkbox"/> |

BUSINESS / FINANCIAL QUESTIONS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 25. Has the owner had less than 3 years of management experience in the restaurant business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Has restaurant been at this location under current ownership and the current name for less than 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Has the owner ever been involved in a bankruptcy procedure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. What are the hours of operation? _____
Are there separate hours of operation for food sales and alcohol sales? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, advise: Hours of operation: Bar _____ Restaurant _____ | | |
| 29. Losses: Attach loss runs for last three years. | | |

PHYSICAL CHARACTERISTICS / LIFE SAFETY

Please explain "no" answers to Questions 30 thru 32 in "Comments" and DO NOT BIND. Refer to Service Office.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 30. Does the restaurant have alkaline-based fire extinguishers with a rating of at least 40 B:C? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Is trash disposed of in metal containers with self closing lids? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Was the building originally built as a restaurant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. On what floor is the restaurant located? _____ | | |
| 34. Number of exits _____
Any of the exits blocked and not having free access? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any exits not having lights and marked clearly with exit signs? | <input type="checkbox"/> | <input type="checkbox"/> |

COOKING PROTECTION

Please explain "no" answers to Questions 36 thru 42 in "Comments" and DO NOT BIND. Refer to Service Office.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 35. Was the deep fat fryer installed before 11/94? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Is the deep fat fryer in compliance with UL 300 standards? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Is the system UL listed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Do the cooking surfaces, hoods and ducts have an extinguishing system that is inspected and serviced at least every 6 months under contract? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Does the automatic extinguishing system protect all: | | |
| a. Cooking surfaces? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Deep fat fryers? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Exhaust duct work? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. All other cooking appliances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do cooking appliances have automatic fuel shut-off valves? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Does the extinguishing system have an accessible manual release control? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Is there a cleaning agreement for hood and duct work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Cleaning of filters: | | |
| Method _____ | | |
| Frequency _____ | | |

RESTAURANT LIQUOR LIABILITY

Must be completed on all applicants for Liquor Liability

- | | Yes | No |
|---|--------------------------|--------------------------|
| A. Is there a separate bar area from the eating area? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has applicant ever been fined or cited for violations of a law or ordinance relating to sales of alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain _____ | | |
| C. Do all employees handling or servicing alcohol complete an industry approved or sponsored seminar or course on intoxication management that is evidenced by a certificate of completion? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Does applicant subscribe to or provide alternative transportation for suspected intoxicated patrons? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Does applicant have "Happy Hours" or other reduced prices for alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Annual receipts: Bar \$ _____ Restaurant \$ _____ | | |
| G. Previous carriers for Liquor Legal Liability (last three years) _____
_____ | | |
| H. Entertainment: None _____ Solo musician _____
Other (Describe) _____ | | |
| I. Losses: Attach loss runs for last three years. | | |

COMMENTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND **(NEW YORK - SUBSTANTIAL)** CIVIL PENALTIES. (NOT APPLICABLE IN COLORADO, HAWAII, NEBRASKA, OHIO, OKLAHOMA, OREGON; IN MAINE AND VIRGINIA, INSURANCE BENEFITS MAY ALSO BE DENIED).

APPLICANT'S
SIGNATURE

DATE

PRODUCER'S
SIGNATURE