

AGENCY CUSTOMER ID:

LOC #:

DATE:

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Restaurant Supplement

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Read carefully the statements at the end of this application.

Named Insured:

Contact Name:

Contact Number:

Establishment Name:

Location Street:

City and State:

Zip:

The applicant is: Individual Partnership Corporation Other

Please return this form to your underwriter in order to receive a quotation. Thank you!

Total sales (food and liquor): \$

Food sales only: \$

If there are liquor sales, please complete liquor section on next page.

If building is over 20 years old, provide year of updates to: Roof: Electrical: HVAC: Plumbing:

Is the building wood frame construction: Yes No

Is it fully sprinklered: Yes No

Is ALL cooking equipment protected by a UL300 wet-chemical extinguishing system: Yes No

Have K Class fire extinguishers: Yes No

How often is the suppression system serviced: Annually Semi Annually Quarterly

Name of service vendor:

Last Service Date:

Is ALL cooking equipment located beneath an approved hood/duct system: Yes No

Number of deep fat fryers and woks: Fryers: Woks:

Is the hood/duct system professionally cleaned: Yes No

How often are the hoods/ducts cleaned: Annually Semi Annually Quarterly

Name of service vendor:

Last Service date:

Liquor Liability Supplemental Application

I. General Information

Limits desired: _____ Each common cause limit: \$ _____ Aggregate limit: \$ _____

Name on liquor license: _____ License number: _____

How long have current owners been at this location?
If 5 years or less, explain prior experience: _____

Hours of operation: Mon-Thurs: _____ Friday: _____ Saturday: _____ Sunday: _____

Type of business: Bar/Tavern Banquet hall Casino Caterer
 Night club Private club Wholesale Distributor
 Restaurant Fraternal club Concessionaire Other (describe) _____
 Retail store Country club Adult entertainment BYOB

Total seating capacity: Restaurant: _____ Bar: _____ Sprinklered: _____ if yes, percent % _____

How long after kitchen closes do you serve alcohol: _____

Total Gross Annual Receipts: Est. next 12 months Expiring year Previous year

• (Food) _____ \$ _____ \$ _____ \$ _____

• (Hard liquor) _____ \$ _____ \$ _____ \$ _____

• (Beer) _____ \$ _____ \$ _____ \$ _____

• (Wine) _____ \$ _____ \$ _____ \$ _____

• (Other (describe)) _____ \$ _____ \$ _____ \$ _____

Number of staff: Servers Bartenders Hostess/Mgt Dancers Bouncers/Security

Part time: _____ Full time: _____

II. Description of Operations

Does the applicant feature any entertainment? Yes No If yes, how many days per week: _____

Type of entertainment: DJ Jukebox Comedy club Karaoke
 Solo vocalist Band Stage/Floor show Exotic dancers

If musical entertainment, what type? Top 40's/Pop R&B Classic rock Soft rock
 Jazz Rap Country Alternative

Number of arcade games: _____

Is dancing permitted? Yes No If yes, size of dance floor: _____

Are facilities available for banquets, receptions, or private affairs? Yes No

Are operations seasonal? Yes No If yes, what is the season: _____

Does applicant engage in off-premises sales or service of alcohol? Yes No

Does the applicant have any mechanical rides or devices (mechanical bull, virtual reality, etc.)? Yes No

Provide details: _____

Does applicant have any drink specials or promotions (2 for 1's, happy hours, reduced drinks, etc.)? Yes No

If yes, describe, type, days and times: _____

Does applicant offer complimentary drinks? Yes No If yes, explain: _____

Does applicant permit customers to bring alcohol on or off premises (BYOB)? Yes No

III. Controls

- Is there a minimum or cover charge? Yes No
- Are bouncers or door persons employed? Yes No
- Are customers' I.D.s checked upon entering? Yes No
- If a bar or tavern, are persons under the legal drinking age permitted on premises?
If yes, explain: Yes No
- Is there a written policy on serving alcohol posted for employees and customers? Yes No
- Are all alcohol-serving employees certified in a formal alcohol training course?
If yes, provide name of course (TIPS, TAM, RAMP, BEST etc.): Yes No
- Are guns permitted or kept on premises? Yes No
- Is transportation arranged or provided for patrons? Yes No

IV. Loss History

Name of previous liquor liability carrier:

Previous limits of insurance: \$ Each Common Cause \$ Aggregate Limit
Have owner, officer or partner filed bankruptcy in the last 5 years? Yes No

If yes, please explain:

Within the past 5 years, have applicant and/or employees of the applicant's establishment been fined or cited for violations of law or ordinance relating to illegal activities or the sale of alcohol? Yes No

Within the past 5 years, has the applicant had any liquor liability claims (whether insured or not)? Yes No

If yes, provide dates and details of citations:

Within the past 5 years, has the applicant had any assault & battery claims? Yes No

If yes, provide dates, description, status of claims:

Within the past 5 years, has the applicant's liquor liability coverage been cancelled or non-renewed? Yes No

If yes, explain:

V. Fraud Statement

Any person who knowingly and with the 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.

VI. Warranties

I hereby apply for a policy of insurance as set forth in the application and I warrant and certify that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

Signature of Applicant: _____ Title: _____ Date: _____

I hereby warrant and certify that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of producing agency:

Signature of producing agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY