

RESTAURANT SUPPLEMENTAL

APPLICANT INFORMATION

Applicant Name: _____
AKA / DBA: _____

Mailing Address: _____

Loc #	Blg #	Address	City	State	Zip Code

Insured Contact: _____ Phone: _____
Website: _____
Yrs in Business: _____ Yrs Experience: _____

GENERAL INFORMATION

Hours of Operation: _____
Type of Establishment: _____

Loc ___ / Bldg ___	Loc ___ / Bldg ___	Loc ___ / Bldg ___
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Tavern	<input type="checkbox"/> Tavern	<input type="checkbox"/> Tavern
<input type="checkbox"/> Bar	<input type="checkbox"/> Bar	<input type="checkbox"/> Bar
<input type="checkbox"/> Sports Bar	<input type="checkbox"/> Sports Bar	<input type="checkbox"/> Sports Bar
<input type="checkbox"/> Nightclub	<input type="checkbox"/> Nightclub	<input type="checkbox"/> Nightclub

Breakdown of Receipts

Food	\$ _____	\$ _____	\$ _____
Alcohol	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

Total Receipts

\$ _____	\$ _____	\$ _____
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OPERATIONS

	Loc ___ / Bldg ___	Loc ___ / Bldg ___	Loc ___ / Bldg ___
Do you offer table seating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide table service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you offer delivery service (other than catering exposure)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you cater?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", sales:	\$ _____	\$ _____	\$ _____
Do you have valet service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", is this subcontracted out to another entity who names our insured as additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any raw seafood sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you permit BYOB?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there Bouncers/Security/Doormen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", is this subcontracted out to another entity who names our insured as additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the security be armed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they employing off duty police?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maximum number of bouncers/security on duty at any one time?	_____	_____	_____
Any firearms kept on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the average age of the clientele?	<input type="checkbox"/> Under 21 <input type="checkbox"/> 21-25 <input type="checkbox"/> Over 25	<input type="checkbox"/> Under 21 <input type="checkbox"/> 21-25 <input type="checkbox"/> Over 25	<input type="checkbox"/> Under 21 <input type="checkbox"/> 21-25 <input type="checkbox"/> Over 25
Do you have any "Teen" or "Under 21" nights or do you permit patrons under the age of 21 in a bar after 10:00 pm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ENTERTAINMENT

	Loc __ / Bldg __	Loc __ / Bldg __	Loc __ / Bldg __
Any of the following entertainment provided:	<input type="checkbox"/> DJ <input type="checkbox"/> Dancing <input type="checkbox"/> Live Bands <input type="checkbox"/> Solo Vocalist <input type="checkbox"/> Comedy Acts <input type="checkbox"/> Adult Entertainment / Exotic Dancing <input type="checkbox"/> Pyrotechnics / Foam Machines	<input type="checkbox"/> DJ <input type="checkbox"/> Dancing <input type="checkbox"/> Live Bands <input type="checkbox"/> Solo Vocalist <input type="checkbox"/> Comedy Acts <input type="checkbox"/> Adult Entertainment / Exotic Dancing <input type="checkbox"/> Pyrotechnics / Foam Machines	<input type="checkbox"/> DJ <input type="checkbox"/> Dancing <input type="checkbox"/> Live Bands <input type="checkbox"/> Solo Vocalist <input type="checkbox"/> Comedy Acts <input type="checkbox"/> Adult Entertainment / Exotic Dancing <input type="checkbox"/> Pyrotechnics / Foam Machines
Frequency of entertainment:	_____	_____	_____
If dancing is allowed, size of dance floor:	_____	_____	_____
Do you have any pool tables?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", how many?	_____	_____	_____
Do you have any video poker or arcade exposures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", how many machines?	_____	_____	_____

COOKING

	Loc __ / Bldg __	Loc __ / Bldg __	Loc __ / Bldg __
Describe cooking equipment used:	<input type="checkbox"/> Grills <input type="checkbox"/> Oven <input type="checkbox"/> Deep Fat Fryer <input type="checkbox"/> Open Flame <input type="checkbox"/> Charcoal Grill <input type="checkbox"/> Barbecue / Pit Smoker	<input type="checkbox"/> Grills <input type="checkbox"/> Oven <input type="checkbox"/> Deep Fat Fryer <input type="checkbox"/> Open Flame <input type="checkbox"/> Charcoal Grill <input type="checkbox"/> Barbecue / Pit Smoker	<input type="checkbox"/> Grills <input type="checkbox"/> Oven <input type="checkbox"/> Deep Fat Fryer <input type="checkbox"/> Open Flame <input type="checkbox"/> Charcoal Grill <input type="checkbox"/> Barbecue / Pit Smoker
If Barbecue or Pit Smoker is used, please advise distance from building:	_____	_____	_____
Is all commercial cooking equipment installed with an automatic extinguishing system to code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of extinguishing system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a cleaning contract in force with an outside firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What was the last service date?	_____	_____	_____

HISTORY

	Loc __ / Bldg __	Loc __ / Bldg __	Loc __ / Bldg __
Does applicant have valid liquor license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you had any health or safety violations in the last year?

Yes No Yes No Yes No

If "Yes", please provide details:

Any assault and battery incidents in the past five years?

Yes No Yes No Yes No

If "Yes", please provide details:

Has the applicant or majority partner filed for bankruptcy within the past five years?

Yes No Yes No Yes No

LOSS INFORMATION

Was prior coverage ever cancelled or non-renewed? Yes No

If "Yes", please explain: _____

Loss information for the past 3 years: No losses No prior coverage

Year	# Of Claims	Incurred Amounts	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FRAUD STATEMENT

Applicable in Arkansas, Louisiana, and West Virginia

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in Colorado

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Kentucky

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.

Applicable in Maine

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 include imprisonment, fines, or a denial of insurance benefits.

Applicable in Maryland

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in New York

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.

Applicable in Ohio

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

Applicable in Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Pennsylvania

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 subjects such person to criminal and civil penalties.

Applicable in Rhode Island

The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

Applicable in Tennessee, Virginia, and Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

SIGNATURES

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's Name and Title: _____

Applicant's Signature: _____

Date: _____

Producer's Signature: _____

Date: _____