

RESTAURANT SUPPLEMENTAL APPLICATION

Applicant's Name: _____

Agent's Name: _____

Mailing Address: _____

Producer Name: _____

Website Address: _____

GENERAL INFORMATION

1. Number of years the insured has in this type of business: _____

2. Number of years this business has been in operation: _____

Operating Hours

Monday-Thursday	Open _____	Close _____
Friday & Saturday	Open _____	Close _____
Sunday	Open _____	Close _____

Clientele

- Family
- Business
- Tourists
- Local Residents
- College Students

Clientele Age: 18-25 25-35 over 35 years over 50 years

Operations

- Restaurant (< 30% liquor sales)
- Tavern (30% to 75% liquor sales)
- Bar/Night Club (> 75% liquor sales)

	<u>Yes</u>	<u>No</u>	
Live Bands?	<input type="checkbox"/>	<input type="checkbox"/>	days per week _____
Dance Floor?	<input type="checkbox"/>	<input type="checkbox"/>	days per week _____ if yes, how many sq. ft. ? _____
Disc Jockey?	<input type="checkbox"/>	<input type="checkbox"/>	days per week _____
Pool Tables?	<input type="checkbox"/>	<input type="checkbox"/>	days per week _____
Mechanical Bull?	<input type="checkbox"/>	<input type="checkbox"/>	days per week _____
Dancers?	<input type="checkbox"/>	<input type="checkbox"/>	days per week _____
ID Checkers?	<input type="checkbox"/>	<input type="checkbox"/>	days per week _____
Bouncers?	<input type="checkbox"/>	<input type="checkbox"/>	days per week _____

If yes, are they independent contractors? _____
 Do they provide a certificate of insurance? _____

Estimated Annual Receipts

\$ _____ Food
 \$ _____ Liquor
 \$ _____ Catering
 \$ _____ Other, please describe: _____

\$ _____ TOTAL SALES

Cooking Hazards

	<u>Yes</u>	<u>No</u>
Is any type of cooking done on premises (please circle if microwave ONLY)?	<input type="checkbox"/>	<input type="checkbox"/>
UL Approved auto extinguishing system over ALL cooking surfaces and deep fryers?	<input type="checkbox"/>	<input type="checkbox"/>
Semi-annual service contract for auto extinguishing system?	<input type="checkbox"/>	<input type="checkbox"/>
Automatic gas or electric shut off for cooking with manual pull?	<input type="checkbox"/>	<input type="checkbox"/>
Are hoods and ducts equipped with filters?	<input type="checkbox"/>	<input type="checkbox"/>
Are filters cleaned at a MINIMUM of every six months?	<input type="checkbox"/>	<input type="checkbox"/>
Are hoods and ducts cleaned at a MINIMUM of every six months?	<input type="checkbox"/>	<input type="checkbox"/>
Are portable fire extinguishers mounted and accessible to cooking areas?	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: If coverage is provided, it will contain special exclusions (above and beyond normal policy exclusion) including, but not necessarily limited to, the following:

- a. Liquor Liability
- b. Assault and Battery

IF LIQUOR LIABILITY COVERAGE IS DESIRED, PLEASE COMPLETE BELOW INFORMATION:

1. Liquor Liability limits desired? _____

2. Has applicant ever had a liquor license refused, suspended or revoked? Yes No

If yes, explain: _____

3. Has applicant ever had a liquor violation? Yes No

If yes, explain: _____

4. Prior Carrier information for Liquor Liability:

a. Company Name/Policy Number: _____

b. Policy Period: _____

c. Policy Limits: _____

d. Premium \$: _____

e. Cancelled or Non-Renewed? Yes No

If yes, explain: _____

f. Has applicant had any liquor liability claims in the past 3 years? Yes No

5. Promotional Events:

Happy Hour Sports Nights Ladies Night Concert Venue

Other: _____

6. Have employees completed a course in alcohol awareness? Yes No

7. How do employees prevent sale of alcohol to intoxicated patrons? _____

8. Do you subscribe to a taxi or other service providing transportation home to apparently intoxicated patrons? Yes No

Applicant Signature: _____ Date: _____

Producer Signature: _____ Date: _____