



RESTAURANT/TAVERN SUPPLEMENT

DATE (MM/DD/YYYY)

AGENCY PHONE (A/C, No, Ext): FAX (A/C, No.): E-Mail Address:	APPLICANT (First Named Insured) LOCATION OF PROPERTY (COMPLETE THIS SUPPLEMENT FOR EACH APPLICABLE LOCATION) TYPE OF BUSINESS <input type="checkbox"/> RESTAURANT <input type="checkbox"/> FAMILY STYLE <input type="checkbox"/> NIGHTCLUB <input type="checkbox"/> DINER <input type="checkbox"/> BANQUET HALL <input type="checkbox"/> BED & BREAK-FAST INN <input type="checkbox"/> FRANCHISED <input type="checkbox"/> SEASONAL <input type="checkbox"/> FAST FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> OTHER <input type="checkbox"/> NOT FRANCHISED <input type="checkbox"/> YEAR ROUND
CODE: SUB CODE:	HOURS OF OPERATION
AGENCY CUSTOMER ID:	

GENERAL INFORMATION

1. OWNER OR CORPORATION NOW OR IN THE PAST INVOLVED IN <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> TAX LIEN <input type="checkbox"/> ANY LITIGATION <input type="checkbox"/> FORECLOSURE <input type="checkbox"/> BUSINESS FAILURE	YES	NO					10. ORIGINAL USE AND SUBSEQUENT OCCUPANCIES OF THE BUILDING
2. IS ANY ENTERTAINMENT PROVIDED? IF YES, ANSWER QUESTIONS 3-9.							
3. NIGHTS OF WEEK <input type="checkbox"/> MONDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> SATURDAY							11. ANY STAIRWAYS, ELEVATORS OR ESCALATORS ON PREMISES?
4. AGE OF CLIENTELE:							12. SEATING CAPACITY:
5. TYPE OF ENTERTAINMENT <input type="checkbox"/> ROCK GROUP <input type="checkbox"/> DJ <input type="checkbox"/> BAND (ANY KIND) OTHER (DESCRIBE):							13. IF ALCOHOLIC BEVERAGES ARE SOLD, IS SERVICE RESTRICTED TO BEER AND WINE ONLY?
6. DOES A DANCE FLOOR EXIST? IF YES, SHOW AGE GROUPS: <input type="checkbox"/> UNDER 21 <input type="checkbox"/> 21-40 <input type="checkbox"/> OVER 40							14. SEASONAL?
7. IS DANCING PERMITTED?							15. ANY GRILLING, DEEP FAT FRYING, OPEN BROILING, ROASTING?
8. BOUNCERS OR DOORMEN? IF YES, EXPLAIN WHY.							16. ANY TABLESIDE COOKING?
9. AMUSEMENT DEVICES (POOL TABLES, VIDEO GAMES, GAMBLING, ETC)? IF YES, # AND DESCRIPTION.							17. HAS BUSINESS BEEN IN OPERATION LESS THAN 5 YEARS AT THIS LOCATION? IF YES, DESCRIBE PRIOR EXPERIENCE OF OWNER/MANAGER.
							18. NUMBER OF EMPLOYEES FULL TIME: PART TIME:
							19. IS THE BUILDING OWNER TO BE NAMED AS AN ADDITIONAL INSURED AS INTEREST MAY APPEAR? IF YES, PROVIDE BUILDING OWNER NAME AND ADDRESS.

BED & BREAKFAST INN ONLY

1. NAME OF INN	YES	NO					7. DOES INN PROVIDE GUESTS WITH ANY SPORTS EQUIPMENT, INCLUDING BOATS, BICYCLES, MOTORCYCLES OR HORSES? IF YES, DESCRIBE.
2. IS INN OPERATED BY OWNERS(S) AND OCCUPIED AS A PERMANENT RESIDENCE BY OWNER(S)? IF NOT, PROVIDE NAME AND EXPERIENCE OF OPERATOR.							
3. NUMBER OF GUEST ROOMS:							8. WHERE ARE CLEANING SOLVENTS STORED?
4. HAS PROPERTY BEEN DESIGNATED A HISTORICAL MARKER?							
5. WOODBURNING STOVE OR FIREPLACE INSERT? IF YES, NAME OF MANUFACTURER: DATE INSTALLED:							
6. DESCRIBE EMERGENCY LIGHTING SYSTEMS							9. IS CLEANING SOLVENT CABINET LOCKED OR STORED OUT OF REACH OF CHILDREN?
							10. ARE ADEQUATE SMOKE ALARMS INSTALLED?

KITCHEN FIRE PROTECTION

1. U.L. 300 APPROVED AUTOMATIC EXTINGUISHING SYSTEM UNDER MAINTENANCE CONTRACT? IF YES, # MONTHS: _____	YES	NO	5. BC AND K EXTINGUISHERS AVAILABLE IN KITCHEN?		
2. DOES ABOVE SYSTEM COVER ALL COOKING SURFACES? IF YES, NAME OF SYSTEM:			6. HOODS AND DUCTS OVER ALL COOKING EQUIPMENT?		
3. AUTOMATIC GAS OR ELECTRIC SHUT OFFS FOR COOKING?			7. HOODS AND DUCTS MAINTENANCE CONTRACT SCHEDULE? # MONTHS:		
4. HOOD AND FILTERS CLEANED WEEKLY BY STAFF?			8. ADEQUATE CLEARANCE BETWEEN HOODS, DUCTS, COOKING EQUIPMENT AND COMBUSTIBLE MATERIALS?		

GENERAL LIABILITY

1. RECEIPTS (LAST 3 YEARS)	YES	NO	5. LODGING OPERATIONS OTHER THAN APARTMENTS? IF YES, DESCRIBE.	YES	NO																
<table border="1"> <thead> <tr> <th></th> <th>FOOD</th> <th>LIQUOR</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>Year</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Year</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Year</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>		FOOD	LIQUOR	OTHER	Year	\$	\$	\$	Year	\$	\$	\$	Year	\$	\$	\$			6. ANY OTHER ON OR OFF PREMISES EXPOSURES NOT LISTED ABOVE? IF YES, DESCRIBE.		
	FOOD	LIQUOR	OTHER																		
Year	\$	\$	\$																		
Year	\$	\$	\$																		
Year	\$	\$	\$																		
2. SQUARE FOOTAGE: TOTAL BUILDING: _____ APARTMENTS: _____ RESTAURANT: _____ # APARTMENTS: _____			7. ADEQUATE EMERGENCY EXITS PROVIDED, EQUIPPED WITH PANIC HARDWARE?																		
3. OFF PREMISES PARKING? IF YES, ADDRESS: _____			8. NON-OWNED AUTOMOBILE? IF YES, # OF EMPLOYEES:																		
		SQUARE FOOTAGE	9. VALET PARKING? IF YES, IS GARAGE KEEPER LIABILITY REQUIRED?																		
4. ON OR OFF PREMISES CATERING/BANQUET? IF YES: % OF TOTAL RECEIPTS: DESCRIBE CATERING OPERATION			10. ANY DELIVERIES? IF YES, DESCRIBE.																		

LIQUOR LIABILITY

	YES	NO		YES	NO
1. DOES APPLICANT SERVE ALCOHOL?			8. # OF BARS ON PREMISES: IS THERE A STEADY BAR CLIENTELE?		
2. DOES APPLICANT HAVE LIQUOR LICENSE? IF YES, TYPE AND #:			9. IS THERE A HAPPY HOUR? REDUCED PRICE DRINKS?		
3. DOES APPLICANT SELL PACKAGE GOODS? IF YES, % OF LIQUOR RECEIPTS:			10. IS A LAST CALL GIVEN? IF YES, WHAT TIME?		
4. # OF BARTENDERS: _____ # OF WAITERS/WAITRESSES: _____ AVG LENGTH OF EMPLOYMENT:			11. ARE SHOTS GIVEN? SHOTS SPECIALS?		
5. ARE EMPLOYEES GIVEN LIQUOR TRAINING? IF YES, EXPLAIN TYPE AND WHEN TRAINED.			12. HAVE THERE BEEN ANY LIQUOR BOARD VIOLATIONS? IF YES, LIST ALL VIOLATIONS.		
6. DOES APPLICANT HAVE WRITTEN POLICY ON SERVING ALCOHOL FOR EMPLOYEES AND CUSTOMERS?					
7. IS MANAGEMENT NOTIFIED PRIOR TO SHUTTING OFF PATRONS? IS DOCUMENTATION KEPT ON EACH INCIDENT?					

FINANCIAL INFORMATION - MOST RECENT 12 MONTH PERIOD

TOTAL OPERATING EXPENSES (FOOD AND LIQUOR ONLY)	\$
TOTAL OPERATING EXPENSES (OTHER THAN COST OF FOOD AND LIQUOR)	\$
NET PROFIT OR LOSS (IF LOSS, ATTACH FINANCIAL STATEMENT)	\$
ACCOUNTS PAYABLE	\$
NOTES PAYABLE (NOT TO BANKS)	\$
BANK LOANS PAYABLE	\$

REMARKS

ATTACHMENTS

	FINANCIAL STATEMENT
	PHOTOS

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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)