

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

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Family   | <input type="checkbox"/> Local Residents  |
| <input type="checkbox"/> Business | <input type="checkbox"/> College Students |
| <input type="checkbox"/> Tourists |   |

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

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**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:** \_\_\_\_\_