



RESTAURANT APPLICATION

APPLICANT INFORMATION

BUSINESS NAME:	YRS IN BUSINESS AS:
PROPRIETOR NAME (S):	YRS EXPERIENCE:
MAILING ADDRESS:	WEBSITE:
CLASSIFICATION: 1.FINE DINING 2.FAMILY RESTAURANT 3.FAST FOOD 4.BAR/TAVERN 5.NIGHTCLUB	POLICY TERM: EFF. _____ EXP. _____

LOCATIONS TO BE INSURED

LOC.	STREET, CITY, STATE, ZIP CODE	TOTAL AREA	% OCCUPIED	OTHER OCCUPANTS

DETAILS OF OPERATION

HOURS OF OPERATION-	Weekend:	Midweek:
SEATING CAPACITY-	Dining Area:	Lounge/ Bar:
STAFF-	Waitpersons:	Bartenders: Kitchen:
	Doormen:	Bouncers:
AVERAGE MEAL PRICE-	Lunch:	Dinner:
AVERAGE AGE OF CLIENTELE	Under 30	30 - 50 YRS OVER 50
Is delivery offered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any valet Service?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

PROPERTY INFORMATION

	LOCATION 1	LOCATION 2	LOCATION 3
UPDATES (Year of)			
PLUMBING			
ROOFING			
HEATING			
ELECTRICAL			

ADDITIONAL INFORMATION

1. What type of cooking is done? <input type="checkbox"/> Oven <input type="checkbox"/> Commercial Ranges <input type="checkbox"/> Deep fat fryers <input type="checkbox"/> BBQ Pit <input type="checkbox"/> Grills <input type="checkbox"/> Tableside cooking	
2. Do automatic extinguishing systems protect all hoods, ducts and deep fat fryers? If yes, what type of system is in place? <input type="checkbox"/> Wet <input type="checkbox"/> Wet & UL300 Compliant <input type="checkbox"/> Dry	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are automatic extinguishing systems inspected on a regular basis? If yes, how often:	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are the ducts and hoods cleaned regularly by an outside contractor? If yes, provide the frequency of service:	Yes <input type="checkbox"/> No <input type="checkbox"/>



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5. Are manually operated fire extinguishers located near flammable areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, are they tagged annually?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are pyrotechnics or flammables used in any entertainment acts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Is smoking permitted on the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is it confined to designated areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are ashtrays emptied into self-closing fire resistant receptacles?	Yes <input type="checkbox"/> No <input type="checkbox"/>

ESTIMATED RECEIPTS

	FOOD	LIQUOR	CATERING	ENTERTAINMENT	TOTAL
LOC #1					
LOC #2					
LOC #3					

If there are Catering receipts, what percentage is associated with cash or open bars: _____
If there are Entertainment receipts, what percentage is associated with:
Video Games: _____ Pool/Game Tables: _____
Cover Charge: _____ Special Events: _____
If any Special Events, please describe: _____
Is there a dance floor on the premises? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your Liquor Liability carrier provide Assault & Battery coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have there ever been any Assault & Battery incidents reported in the past five years? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please describe: _____

Is there a Playground or similar recreational activities at the insured premises? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe: _____
Any Sports teams sponsored? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe: _____
Please describe the applicant's procedures for preventing serving alcohol to minors: _____
Please describe the procedures in place to address intoxicated patrons: _____
Is there more than one means of egress from the premises? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the means of egress clearly marked and kept unlocked during business hours? Yes <input type="checkbox"/> No <input type="checkbox"/>



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The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Date: _____

*Signing this application does not bind the applicant or the company to complete the insurance.