



RESTAURANT/TAVERN SUPPLEMENT

COMPLETE THIS SUPPLEMENT FOR EACH APPLICABLE LOCATION

AGENCY CUSTOMER ID: _____

LOC #: _____

DATE (MM/DD/YYYY)

AGENCY	NAMED INSURED/APPLICANT'S NAME	POLICY NUMBER
COMPANY NAME:		NAIC CODE:

GENERAL RATING/UNDERWRITING

LOCATION OF PROPERTY

TYPE OF BUSINESS - CHECK ALL THAT APPLY

<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> FAMILY STYLE	<input type="checkbox"/> NIGHTCLUB	<input type="checkbox"/> FRANCHISED	<input type="checkbox"/> SEASONAL	NUMBER OF EMPLOYEES	
<input type="checkbox"/> DINER	<input type="checkbox"/> BANQUET HALL	<input type="checkbox"/> BED & BREAKFAST INN	<input type="checkbox"/> NOT FRANCHISED	<input type="checkbox"/> YEAR ROUND		FULL TIME:
<input type="checkbox"/> FAST FOOD	<input type="checkbox"/> TAVERN	<input type="checkbox"/> OTHER (Describe): _____		PART TIME:		

SQUARE FOOTAGE

TOTAL BUILDING: _____ RESTAURANT: _____ APARTMENTS: _____ NUMBER OF APARTMENTS: _____

SEATING CAPACITY _____ **HOURS OF OPERATION** _____

ORIGINAL USE AND SUBSEQUENT OCCUPANCIES OF THE BUILDING

RECEIPTS (LAST 3 YEARS)	FOOD	LIQUOR	OTHER (Describe Below)
YEAR: _____	\$ _____	\$ _____	\$ _____
YEAR: _____	\$ _____	\$ _____	\$ _____
YEAR: _____	\$ _____	\$ _____	\$ _____

CHECK ALL THAT APPLY

<input type="checkbox"/> STAIRWAY(S)	<input type="checkbox"/> ELEVATOR(S)	<input type="checkbox"/> ESCALATOR(S)	<input type="checkbox"/> EMERGENCY LIGHTING SYSTEMS (Describe) _____
<input type="checkbox"/> GRILLING	<input type="checkbox"/> DEEP FAT FRYING	<input type="checkbox"/> OPEN BROILING	
<input type="checkbox"/> ROASTING	<input type="checkbox"/> TABLESIDE COOKING		
<input type="checkbox"/> NON-OWNED AUTOMOBILE(S) - NUMBER OF EMPLOYEES: _____		<input type="checkbox"/> WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
<input type="checkbox"/> VALET PARKING		MANUFACTURER NAME: _____	
<input type="checkbox"/> GARAGE KEEPERS LEGAL LIABILITY REQUIRED/MAINTAINED FOR VALET PARKING		<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL MARKER	
<input type="checkbox"/> OFF PREMISES PARKING		ADDRESS: _____	
SQUARE FOOTAGE: _____			
<input type="checkbox"/> CATERING/BANQUET OPERATIONS		<input type="checkbox"/> ON PREMISES DESCRIBE: _____	
% OF TOTAL RECEIPTS: _____			

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

	Y/N
1. HAS APPLICANT NOW OR IN THE PAST BEEN INVOLVED IN BANKRUPTCY, FORECLOSURE, TAX LIEN, BUSINESS FAILURE, OR ANY LITIGATION?	<input type="checkbox"/>
2. HAS BUSINESS BEEN IN OPERATION LESS THAN 5 YEARS AT THIS LOCATION? IF YES, DESCRIBE PRIOR EXPERIENCE OF OWNER/MANAGER.	<input type="checkbox"/>
3. ARE THERE LODGING OPERATIONS OTHER THAN APARTMENTS?	<input type="checkbox"/>
4. ANY DELIVERIES?	<input type="checkbox"/>
5. ARE ADEQUATE EMERGENCY EXITS PROVIDED AND EQUIPPED WITH PANIC HARDWARE? (No explanation needed)	<input type="checkbox"/>
6. HAVE ADEQUATE SMOKE ALARMS BEEN INSTALLED? (No explanation needed)	<input type="checkbox"/>
7. ANY OTHER ON OR OFF PREMISES EXPOSURES NOT LISTED ABOVE?	<input type="checkbox"/>

KITCHEN FIRE PROTECTION

CHECK ALL THAT APPLY

<input type="checkbox"/>	U.L. 300 APPROVED AUTOMATIC EXTINGUISHING SYSTEM COVERS ALL COOKING SURFACES NAME OF SYSTEM: _____	<input type="checkbox"/>	WET	<input type="checkbox"/>	DRY
<input type="checkbox"/>	U.L. 300 APPROVED AUTOMATIC EXTINGUISHING SYSTEM UNDER MAINTENANCE CONTRACT - # MONTHS: _____				
<input type="checkbox"/>	AUTOMATIC GAS OR ELECTRIC SHUT OFFS FOR COOKING	HOODS AND DUCTS OVER ALL COOKING EQUIPMENT			
<input type="checkbox"/>	HOOD AND FILTERS CLEANED WEEKLY BY STAFF	HOODS AND DUCTS MAINTENANCE CONTRACT SCHEDULE - # MONTHS: _____			
<input type="checkbox"/>	BC AND K EXTINGUISHERS AVAILABLE IN KITCHEN	ADEQUATE CLEARANCE BETWEEN HOODS, DUCTS, COOKING EQUIPMENT AND COMBUSTIBLE MATERIALS			

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	\$

LIQUOR LIABILITY INFORMATION

LIQUOR LICENSE NUMBER		LIQUOR LICENSE TYPE	
NUMBER OF BARS ON PREMISES	NUMBER OF BARTENDERS	NUMBER OF WAITERS/WAITRESSES	AVERAGE LENGTH OF EMPLOYMENT

CHECK ALL THAT APPLY

<input type="checkbox"/>	BEER SALES	<input type="checkbox"/>	WINE SALES	<input type="checkbox"/>	FULL BAR	<input type="checkbox"/>	SHOTS GIVEN/SERVED	<input type="checkbox"/>	SHOTS SPECIALS
<input type="checkbox"/>	WRITTEN POLICY ON SERVING ALCOHOL FOR EMPLOYEES AND CUSTOMERS				<input type="checkbox"/>	REDUCED PRICE DRINKS	<input type="checkbox"/>	HAPPY HOUR	
<input type="checkbox"/>	MANAGEMENT NOTIFIED PRIOR TO SHUTTING OFF PATRONS				LAST CALL GIVEN - TIME: _____				
<input type="checkbox"/>	STEADY BAR CLIENTELE				SALES OF PACKAGE GOODS - PERCENT OF LIQUOR RECEIPTS: _____ %				

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

1. ARE EMPLOYEES GIVEN LIQUOR TRAINING? IF YES, EXPLAIN TYPE AND WHEN TRAINED.	Y/N
2. HAVE THERE BEEN ANY LIQUOR BOARD VIOLATIONS? IF YES, LIST ALL VIOLATIONS.	Y/N
3. IS DOCUMENTATION KEPT ON EACH INCIDENT SHUTTING OFF PATRONS? (No explanation needed)	Y/N

ENTERTAINMENT INFORMATION

TYPE OF ENTERTAINMENT			NIGHTS OF WEEK										
<input type="checkbox"/>	ROCK GROUP	<input type="checkbox"/>	BAND (ANY KIND)	<input type="checkbox"/>	MONDAY	<input type="checkbox"/>	WEDNESDAY	<input type="checkbox"/>	FRIDAY	<input type="checkbox"/>	SUNDAY		
<input type="checkbox"/>	DJ	<input type="checkbox"/>	OTHER (Describe):	<input type="checkbox"/>	TUESDAY	<input type="checkbox"/>	THURSDAY	<input type="checkbox"/>	SATURDAY				
AGE OF CLIENTELE		<input type="checkbox"/>	UNDER 21	<input type="checkbox"/>	21 - 40	<input type="checkbox"/>	OVER 40	DANCING (Check all that apply)		<input type="checkbox"/>	PERMITTED	<input type="checkbox"/>	DANCE FLOOR
AMUSEMENT DEVICES		COUNT	DESCRIPTION										
POOL TABLES													
VIDEO GAMES													
GAMBLING													

EXPLAIN ALL "YES" RESPONSES

1. ARE THERE BOUNCERS OR DOORMEN? IF YES, EXPLAIN WHY.	Y/N
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BED & BREAKFAST INFORMATION ONLY

NAME OF INN:		NUMBER OF GUEST ROOMS:	
CLEANING SOLVENTS STORAGE LOCATION:		CLEANING SOLVENT CABINET LOCKED OR STORED OUT OF REACH OF CHILDREN	
EXPLAIN ALL "YES" RESPONSES			
1. DOES THE INN OWNER RESIDE ELSEWHERE; OR IS THE INN OPERATED BY SOMEONE OTHER THAN THE OWNER? IF YES, PROVIDE NAME AND EXPERIENCE OF OPERATOR.			Y/N
2. DOES INN PROVIDE GUESTS WITH ANY SPORTS EQUIPMENT, INCLUDING BOATS, BICYCLES, MOTORCYCLES OR HORSES? IF YES, DESCRIBE.			Y/N

AGENCY CUSTOMER ID: _____

LOC #: _____

REMARKS

ATTACHMENTS

	FINANCIAL STATEMENT
	PHOTOS

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)
 IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICANT/NAMED INSURED NAME (Please Print)

APPLICANT/NAMED INSURED SIGNATURE

DATE

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