

# RESTAURANT SUPPLEMENT

APPLICANT \_\_\_\_\_ LOCATION ADDRESS \_\_\_\_\_  
\_\_\_\_\_ Co. (\_\_\_\_\_) \_\_\_\_\_

## BUSINESS & FINANCIAL INFORMATION

1. Experience: No. of Yrs. in Rest Mgmt \_\_\_\_\_, No. of Yrs. at this Loc. \_\_\_\_\_.
- 1A. Does owner operate and manage this restaurant? yes \_\_\_\_\_, no \_\_\_\_\_.
2. Neighborhood Crime exposure, High \_\_\_\_\_, Moderate \_\_\_\_\_, Low \_\_\_\_\_.
3. Total (sit down) Food Sales \$ \_\_\_\_\_, Catering Sales \$ \_\_\_\_\_, Total Alcoholic Beverage Sales \$ \_\_\_\_\_.
- \*4. Total Square Footage of Restaurant \_\_\_\_\_ Large Lounge: Yes \_\_\_\_\_ No \_\_\_\_\_  
Full Service Lounge \_\_\_\_\_ or Service Lounge \_\_\_\_\_

## GENERAL INFORMATION

5. What **TYPE** of restaurant and percentage breakdown? Sit Down \_\_\_\_\_, Buffet \_\_\_\_\_, Fast Food \_\_\_\_\_, Other \_\_\_\_\_, Catering \_\_\_\_\_.  
For catered events: Is food prepared at premises location? \_\_\_\_\_  
Does insured provide the servers for catered events? \_\_\_\_\_. If so, provide payroll: \_\_\_\_\_.
6. Do you provide delivery services? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes - percentage \_\_\_\_\_
- \*7. Do you provide live entertainment: Pin Ball \_\_\_\_\_ Darts \_\_\_\_\_, Video and Billiards \_\_\_\_\_  
Guitarist \_\_\_\_\_, Pianist \_\_\_\_\_.
- \*8. Do you have a dance floor? No \_\_\_\_\_, Yes \_\_\_\_\_, Square Footage \_\_\_\_\_
9. Hours of Operation: Week Days \_\_\_\_\_ Weekends \_\_\_\_\_
10. Total Number of Employees \_\_\_\_\_

## PREMISES INFORMATION (include updates)

11. AGE OF: Building \_\_\_\_\_, Wiring \_\_\_\_\_, Heating \_\_\_\_\_, Air Cond \_\_\_\_\_, Plumbing \_\_\_\_\_, Roof \_\_\_\_\_.
12. If this is a new building, is construction completed? \_\_\_\_\_, If not, completion date \_\_\_\_\_.
13. Are all fire extinguishers tagged within the last 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_.
14. Is **BUILDING** protected By **AUTOMATIC SPRINKLERS**? Yes \_\_\_\_\_ No \_\_\_\_\_, is rate credit given \_\_\_\_\_
15. Is this risk presently in operation by insured? Yes \_\_\_\_\_ No \_\_\_\_\_.
16. Is trash removed from inside premises nightly? Yes \_\_\_\_\_ No \_\_\_\_\_.
- \*17. Distance to tidal waters \_\_\_\_\_.
- \*18. Central Station Alarm Monitoring Company \_\_\_\_\_.

## AUTOMATIC FIRE EXTINGUISHING SYSTEM (\*\*POLICY WARRANTED\*\*)

19. Does the Automatic Extinguishing System protect all cooking surfaces, appliances, exhaust ductwork, hoods? Yes \_\_\_\_\_ No \_\_\_\_\_
20. Do all deep fat fryers have high limit switches? Yes \_\_\_\_\_ No \_\_\_\_\_.
21. Does the extinguishing system have an easily accessible manual release control? Yes \_\_\_\_\_ No \_\_\_\_\_.
22. Was this system installed prior to November 24, 1994 Yes \_\_\_\_\_ No \_\_\_\_\_
23. What type of cooking oils are used? Vegetable \_\_\_\_\_, Or Animal \_\_\_\_\_.
24. Is this system under a maintenance contract? Yes \_\_\_\_\_ No \_\_\_\_\_, If so what is the schedule \_\_\_\_\_.

**HOODS, DUCTS, VENTS, FAN MOTORS, INC.**

**(\*\*POLICY WARRANTED\*\*)**

25. Does insured have cleaning contract with outside Professional Cleaning Contractor for periodic cleaning of all hoods, ducts, vents, fan motors, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_.
26. What is the schedule for professional cleaning? \_\_\_\_\_.
27. How often are the **FILTERS** cleaned? \_\_\_\_\_, By what method? \_\_\_\_\_

\_\_\_\_\_  
**INSURED'S SIGNATURE AND TITLE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**AGENT'S SIGNATURE**