

RESTAURANT SUPPLEMENTAL APPLICATION

Named Insured:
 Mailing Address: City: State: Zip:
 Physical Location Address: City: State: Zip:

Effective Date of Coverage:

Restaurant type:	Menu:	
Family Style	Highest lunch entrée price:	\$
Buffet	Lowest lunch entrée price:	\$
Snack Bar	Highest dinner entrée price:	\$
Fine Dining	Lowest dinner entrée price:	\$

Business Days:	Business Hours:	Customer Seating Area:
Total Area:	Kitchen Area:	Bar / Lounge Area:
Outside Patio Area:	Banquet Area:	Lounge Seating Area:
Seating Capacity:	Dance Floor:	Frequency of Service:
Maker of Automatic Suppression System:		

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|---------------------------------------------------------|-----|----|
| 1. Does system have automatic fuel shut off? | Yes | No |
| 2. Do deep fat fryers have shut off controls? | Yes | No |
| 3. Is the automatic suppression system UL300 compliant? | Yes | No |

GENERAL QUESTIONS

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| 1. Is the restaurant operated by the insured? | Yes | No |
| If "No", does the sub-contractor provide certificates with at least \$1,000,000 liability limits? | Yes | No |
| 2. Is smoking allowed? | Yes | No |
| 3. Is the applicant in good financial standing? | Yes | No |
| Attach financials if the applicant's annual receipts are > \$5,000,000 | | |
| 4. Has the applicant ever filed for bankruptcy? | Yes | No |
| 5. Does the applicant have any other business interests? | Yes | No |
| If "Yes", please explain: | | |
| 6. Has any business other than a restaurant been at this locations? | Yes | No |
| 7. Is the business on the ground floor? | Yes | No |
| 8. Are beer / liquor distributors allowed to sponsor events on site? | Yes | No |
| 9. Does the applicant maintain parking areas? | Yes | No |
| If "No", who does? | | |
| 10. Is there table-side cooking? | Yes | No |
| 11. Are employee references checked prior to hiring? | Yes | No |
| 12. Has applicant ever been cited for violation of beverage laws? | Yes | No |
| 13. Are employees trained in CPR, Heimlich and/or First Aid? | Yes | No |
| 14. Has the restaurant / bar ever been cited for any health code violations? | Yes | No |
| If "Yes", please explain: | | |

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|-----|--------------------------------------------------------------------------------------------|-----|----|
| 15. | Does the applicant have pool tables, dart boards, pinball or video? | Yes | No |
| 16. | Are there written procedures for handling intoxicated patrons?
If "No", please explain: | Yes | No |
| 17. | Is there any live or recorded entertainment? | Yes | No |
| 18. | Are there happy hours, ladies night only, etc?
If "Yes", please explain: | Yes | No |
| 19. | Is there any sponsorship of any sports or special events?
If "Yes", please explain: | Yes | No |
| 20. | Food Receipts: \$
Liquor Receipts: \$ | | |

BANQUET FACILITIES / CATERING	N/A
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|----|-----------------------------------------------------------------------------------------|-----|----|
| 1. | Does the applicant provide catering services on premises?
If "Yes", please describe: | Yes | No |
| 2. | Number of annual events: | | |
| 3. | Does the applicant receive a certificate of liability from Lessee? | Yes | No |
| 4. | Does the applicant cater liquor?
If "Yes", does the applicant have liquor insurance? | Yes | No |
| 5. | Food receipts from catering: \$
Liquor receipts from catering: \$ | | |

LIQUOR LIABILITY	N/A
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Limits Desired:	\$500,000 Aggregate	\$500,000 Each Common Cause
	\$1,000,000 Aggregate	\$1,000,000 Each Common Cause

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|----|----------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. | Name on liquor license: | | |
| 2. | List full names of individuals or partners and their interests: | | |
| 3. | Within the past 5 years, has the applicant reported any Liquor Liability claims?
If "Yes", please explain: | Yes | No |
| 4. | Within the past 5 years, has the applicant been cited by the Liquor Control Commission?
If "Yes", please explain: | Yes | No |

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|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 5. | Within the past 5 years, has the applicant had any insurance carrier cancel, non-renew or refuse coverage?
If "Yes", please explain: | Yes | No |
| 6. Describe any formal alcohol training programs in use, including the name of the Program. | | | |
| 7. | Are all employees required to participate in an alcohol awareness program prior to being allowed to serve alcohol? | Yes | No |
| 8. | Total estimated liquor receipts from all operations prior 12 months: \$ | | |
| | Total estimated liquor receipts form all operations next 12 months: \$ | | |
| 9. | Does the applicant engage in any off premises operations? | Yes | No |
| 10. | Does the applicant have any consumption promotions, including ladies night, two-for-ones or happy hours?
If "Yes", please explain: | Yes | No |
| 11. | Is there a cover charge? | Yes | No |
| 12. | Are bouncers or security personnel employed?
If "Yes", please explain: | Yes | No |
| 13. | Is there live entertainment?
If "Yes", please explain including type of entertainment, duration of entertainment, # days entertainment takes place: | Yes | No |

Fraud Notice

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Insured Signature : _____ Date: _____
Agent Signature: _____ Date: _____