



Restaurant Application

All Questions Must Be Answered
Please Use a Separate Application for Each Location

Full Name of Applicant _____
Address of Applicant _____ City _____
Township _____ County _____ State _____ Zip Code _____
Mailing Address (if Different) _____
Owners Name (Principal) _____ SS# _____
Home Address _____
Home Phone # _____ Business Phone # _____

Effective Date _____ Current Company _____ Current Premium \$ _____

Business Information

Applicant is a: Corporation _____ Partnership _____ Individual _____ Other _____
Applicant is a: Restaurant _____ Diner _____ Tavern _____ Night Club _____ Banquet Hall _____
Other (Please Specify) _____
Applicant is located in: City _____ Small town _____ Rural area _____ Other _____
of Years at this Location _____ # of years in Restaurant Business _____
If less than 3 years at this Location, list previous experience _____

Financial Information

Is Owner or Corporation now or ever involved in: Bankruptcies _____ Foreclosures _____
Tax Liens _____ Business Failures _____ Any Litigations _____
If Yes, Please Explain _____

Additional Interests

Mortgagee and Address 1st _____
_____ Check if None 2nd _____
3rd _____
Additional Insureds 1st _____
_____ Check if None 2nd _____
3rd _____
Loss Payees 1st _____
_____ Check if None 2nd _____
3rd _____



Property Section

Protection Class _____

Building Limit _____ Co- Ins % _____ ACV _____ R/C _____ Deductible _____

Contents Limit _____ Co- Ins % _____ ACV _____ R/C _____ Deductible _____

Business Income Limit _____ Contribution or Co-Ins % _____ Deductible _____

Cause of Loss: Basic _____ Special _____ Special with Theft on Contents Only _____

Business Income with Extra Expense Yes _____ No _____ If not answered, will be Rated without

Loss of Rents Limit _____ Co-Ins % _____ Cause of Loss _____ Deductible _____

Sign Limit _____ Type _____ Wording _____ Deductible _____

Glass Coverage Needed Yes _____ No _____ If "Yes", please schedule _____

Crime Coverage Limit _____ Deductible _____

Employee Dishonesty Limit _____ Deductible _____

Other Property Coverages _____

Liability Section

General Liability Limit _____ Aggregate _____

Liquor Liability Limit _____ Aggregate _____

Receipts: Food _____ Liquor _____ Other _____ Total _____

Square Footage: Total Building _____ Restaurant _____ Apts _____ # Apts _____

Off Premise Parking Yes _____ No _____ If "Yes", list address and square footage _____

On or Off Premise Catering / Banquet Yes _____ No _____ If "Yes", % of total Receipts _____ %

Describe Catering Operation _____

Lodging Operations Other than Apartment Yes _____ No _____

If "Yes", Describe: _____

Any Other On or Off Premise Exposures NOT Listed Above Yes _____ No _____

If "Yes", Describe: _____

Non-Owned Automobile Yes _____ No _____

If "Yes", No. of Employees _____ NOTE: Hired Car Not Offered

Valet Parking Yes _____ No _____

If "Yes", is Garage Keeper Liability Required Yes _____ No _____

If "Yes", Limit _____ Deductible _____



Liquor Legal Liability Section

Does Applicant Serve Alcohol Yes _____ No _____ If "Yes", Entire Section MUST be Completed

Does Applicant Have Liquor License Yes _____ No _____ If "Yes", Type and # _____

Does Applicant Sell Package Goods Yes _____ No _____ If "Yes", % of Liquor Receipts _____ %

of Bartenders _____ # of Waiters/Waitresses _____ Avg Length of Employment _____

Are Employees Given Liquor Training Yes _____ No _____ If "Yes", Explain Type and When Trained _____

Does Applicant Have Written Policy on Serving Alcohol for Employees & Customers Yes _____ No _____

Is Management Notified Prior to Shutting Off Patrons Yes _____ No _____

Is Documentation Kept on Each Incident Yes _____ No _____

of Bars on Premises _____ Is There a Steady Bar Clientel Yes _____ No _____

Is There a Happy Hour Yes _____ No _____ Reduced Price Drinks Yes _____ No _____

Is a Last Call Given Yes _____ No _____ If "Yes", What Time _____

Are Shots Given Yes _____ No _____ Shots Specials/Shooter Girls Yes _____ No _____

Have There Been Any Liquor Board Violations Yes _____ No _____ If "Yes", List ALL Violations _____

Entertainment Section

Entertainment Yes _____ No _____ If "Yes", ENTIRE Section MUST be Completed

Nights of Week Fri _____ Sat _____ Other _____ Age of Clientel _____

Type of Entertainment Rock Group _____ DJ _____ Band (Any Kind) _____ Go-Go _____

Other (Please Describe) _____

Does a Dance Floor Exist Yes _____ No _____ Is Dancing Permitted Yes _____ No _____

Bouncers or Doormen Yes _____ No _____ If "Yes", Explain Why _____

Amusement Devices (Pool Tables, Video Games, etc) Yes _____ No _____ If "Yes", # _____

Description _____

Claims Section

List ALL Claims for Each Section for the Past 5 Years, By Year (If none, NONE must be stated, by Year)

Property Claims _____

General Liability Claims _____

Liquor Liability Claims _____

Umbrella Claims _____



Restaurant Application

Umbrella Section

Limit Requested _____

Business Auto Carrier _____ Policy # _____ Premium _____

Total # of Vehicles _____ # Private Passenger _____ # Commercial _____ Limit _____

Employers Liability Carrier _____ Policy # _____ Limit _____

Operations Section

Is Applicant Open Now Yes _____ No _____ If "No", Explain _____

Hours of Operation From _____ To _____ # of Days per Week _____

Is Applicant a Seasonal Operation Yes _____ No _____ If "Yes", Explain _____

Distance to Ocean or Nearest Body of Water _____

Physical Plant Section

Age of Building _____ Construction _____ # of Stories _____

Year of Updates: Wiring _____ Plumbing _____ Heating _____ Roofing _____

Smoke Detectors Yes _____ No _____ If "Yes", Electric _____ Battery Power _____

Fire Alarm Yes _____ No _____ If "Yes", Type _____

Burglar Alarm Yes _____ No _____ If "Yes", Type _____

Sprinkler System Yes _____ No _____ If "Yes", Age _____ Type _____

Kitchen Fire Protection:	Yes	No
U.L. Approved Automatic Extinguishing System under Semiannual Contract	_____	_____
Above System Covering All Cooking Surfaces	_____	_____
Name of System _____		
Automatic Gas or Electric Shut Offs for Cooking	_____	_____
Hood and Filters Cleaned Weekly By Staff	_____	_____
BC Extinguisher Available in Kitchen	_____	_____
Hoods and Ducts Over All Cooking Equipment	_____	_____
Hoods and Ducts Maintenance Contract Schedule		# Month _____

The signing of this application does not bind the Applicant nor any company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the acceptance of a contract. It is therefore the warranty of the undersigned that the information contained herein is true and correct, and it is hereby understood that the policy will be warranteed based on this information. It is further understood that 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.

Insured's Signature _____ Date _____
(Must Be Signed by Insured to Bind)

Agent _____	Salesperson _____
Address _____	Phone # () _____
_____	FAX # () _____