

RESTAURANT / BAR / TAVERN APPLICATION

NAMED INSURED: \_\_\_\_\_ DBA: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_

INSURED TYPE:                    INDIVIDUAL                    PARTNERSHIP                    CORPORATION                    OTHER

PROPOSED POLICY TERM:                    FROM                    TO                    SEASONAL?                    YES                    OR                    NO

UNDERWRITING INFORMATION

IS THIS A NEW VENTURE?                    YES                    OR                    NO                    IS THE RISK OPEN FOR BUSINESS?                    YES                    OR                    NO

OPERATING HOURS:

	FROM:	TO:		FROM:	TO:		FROM:	TO:
MONDAY			THURSDAY			SATURDAY		
TUESDAY			FRIDAY			SUNDAY		
WEDNESDAY								

COMPLETE DESCRIPTION OF OPERATIONS: \_\_\_\_\_

PORTION OF BUILDING OCCUPIED BY THE APPLICANT?                    % ENTIRE                    % GRADE FLOOR                    % OTHER

CONSTRUCTION:                    FRAME                    MASONRY                    NON-COMBUSTIBLE                    FIRE-RESISTIVE

NUMBER OF STORIES:                    YEAR BUILT:                    PROT CLASS:                    \_\_\_\_\_

RECENT UPDATES:                    FIRE DEPARTMENT:                    VOLUNTEER                    PAID

ROOF: \_\_\_\_\_

PLUMBING: \_\_\_\_\_

ELECTRICAL: \_\_\_\_\_

HEATING: \_\_\_\_\_

HOW LONG HAS THE INSURED BEEN IN BUSINESS AT THIS LOCATION? \_\_\_\_\_

FREESTANDING BUILDING?                    YES                    OR                    NO

CENTRAL STATION ALARM?                    YES                    OR                    NO

WHAT ARE THE ADJACENT EXPOSURES? \_\_\_\_\_

TOTAL AREA: \_\_\_\_\_ AREA OF RESTAURANT: \_\_\_\_\_ AREA OF BANQUET ROOMS: \_\_\_\_\_ # OF APTS: \_\_\_\_\_

TOTAL SALES: \_\_\_\_\_ TOTAL FOOD SALES: \_\_\_\_\_ TOTAL LIQUOR SALES: \_\_\_\_\_ OTHER SALES: \_\_\_\_\_

WHAT IS THE EXTENT OF THE COOKING? \_\_\_\_\_

DEVICES	DEVICE USED			UNDER HOOD?		AUTO FUEL SHUT OFF?		SURFACE PROTECTION?	
	ELECTRIC	OR	GAS	YES	NO	YES	NO	YES	NO
GRILLS									
DEEP FRYERS									
BROILERS									
RANGE / OVEN									
OTHER									

IS GAS SAFETY SHUT-OFF MARKED?                    YES                    OR                    NO                    FREQUENCY OF FILTER CLEANING? \_\_\_\_\_

ARE DUCTS SPECIFICALLY TREATED WITH FIRE RETARDANT MATERIAL?                    BY WHOM? \_\_\_\_\_

YES                    OR                    NO                    FREQUENCY OF HOOD & DUCT CLEANING? \_\_\_\_\_

IS COOKING EQUIPMENT PROTECTED BY AN ANSUL SYSTEM?                    BY WHOM? \_\_\_\_\_

YES                    OR                    NO                    LAST SERVICE DATE FOR FIRE EXTINGUISHERS? \_\_\_\_\_

IS THE COOKING EQUIPMENT UL300 COMPLIANT?                    BY WHOM? \_\_\_\_\_

YES                    OR                    NO                    # OF FIRE EXTINGUISHERS IN KITCHEN? \_\_\_\_\_

# OF FIRE EXTINGUISHERS IN DINING ROOM? \_\_\_\_\_

**GENERAL LIABILITY SECTION**

GENERAL AGGREGATE (OTHER THAN PRODUCTS - COMPLETED OPERATIONS) \$ \_\_\_\_\_  
 PRODUCTS - COMPLETED OPERATIONS AGGREGATE \$ \_\_\_\_\_  
 PERSONAL AND ADVERTISING INJURY \$ \_\_\_\_\_  
 EACH OCCURRENCE \$ \_\_\_\_\_  
 DAMAGE TO PREMISES RENTED TO YOU EACH OCCURRENCE \$ \_\_\_\_\_  
 MEDICAL EXPENSE ANY ONE PERSON \$ \_\_\_\_\_

LOC #	CLASSIFICATION	CLASS CODE	EXPOSURE	PREMIUM BASIS (RECEIPTS, AREA OR UNITS)

IS ENTERTAINMENT PROVIDED? YES OR NO IF YES, PLEASE DESCRIBE: \_\_\_\_\_  
 ATHLETIC EVENTS SPONSORED? YES OR NO IF YES, PLEASE DESCRIBE: \_\_\_\_\_

**PROPERTY SECTION**

COVERAGE AMOUNT DESIRED

BUILDING	\$ _____	RC OR ACV	DEDUCTIBLE \$ _____	CO-INS % _____ %	BASIC _____
CONTENTS	\$ _____	RC OR ACV	DEDUCTIBLE \$ _____	CO-INS % _____ %	BROAD _____
BUS INCOME	\$ _____			CO-INS % _____ %	SPECIAL _____
SATELLITE DISH	\$ _____	ACV ONLY	DEDUCTIBLE \$ _____	CO-INS % _____ %	THEFT _____
SIGN	\$ _____	ACV ONLY	DEDUCTIBLE \$ _____	CO-INS % _____ %	
OTHER	\$ _____		DEDUCTIBLE \$ _____	CO-INS % _____ %	
	\$ _____		DEDUCTIBLE \$ _____	CO-INS % _____ %	
	\$ _____		DEDUCTIBLE \$ _____	CO-INS % _____ %	

**CRIME SECTION**

COVERAGE TYPE DESIRED	COVERAGE LIMIT DESIRED
CRIME FORM C: THEFT, DESTRUCTION & DISAPPEARANCE	\$ _____
DEDUCTIBLE \$ _____	INSIDE THE PREMISES
	OUTSIDE THE PREMISES
CRIME FORM E: PREMISES BURGLARY	\$ _____
DEDUCTIBLE \$ _____	INSIDE THE PREMISES
CRIME FORM Q: ROBBERY OF MONEY & SECURITIES AND SAFE BURGLARY	\$ _____
DEDUCTIBLE \$ _____	INSIDE THE PREMISES
	OUTSIDE THE PREMISES

**ADDITIONAL INTERESTS (PLEASE BE SPECIFIC)**

NAME: _____	ADDITIONAL INSURED	LOSS PAYEE
ADDRESS: _____		LENDER'S LOSS PAYEE
INTEREST: _____	MORTGAGEE	CONTRACT OF SALE
NAME: _____	ADDITIONAL INSURED	LOSS PAYEE
ADDRESS: _____		LENDER'S LOSS PAYEE
INTEREST: _____	MORTGAGEE	CONTRACT OF SALE

IF MORE SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET OF PAPER.

**FINANCIAL HISTORY**

HAS COVERAGE EVER BEEN CANCELLED OR DECLINED? YES OR NO IF YES, GIVE DATE & DETAILS \_\_\_\_\_

HAS THE APPLICANT EVER BEEN SUBJECT TO LIENS, JUDGMENTS OR BANKRUPTCIES IN THE LAST 5 YEARS? YES OR NO

IF YES, GIVE DETAILS \_\_\_\_\_

PRIOR CARRIER INFORMATION ( PLEASE GIVE A DETAILED HISTORY, INCLUDING COVERAGE PREMIUMS)

POLICY TERM	INSURANCE CARRIER	PROPERTY PREMIUM	LIABILITY PREMIUM
FROM: _____ TO: _____	_____	\$ _____	\$ _____
FROM: _____ TO: _____	_____	\$ _____	\$ _____
FROM: _____ TO: _____	_____	\$ _____	\$ _____
FROM: _____ TO: _____	_____	\$ _____	\$ _____
FROM: _____ TO: _____	_____	\$ _____	\$ _____
FROM: _____ TO: _____	_____	\$ _____	\$ _____

CLAIMS HISTORY (PLEASE LIST ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR FIVE YEARS)

DATE OF OCCURRENCE	DESCRIPTION OF LOSS	STATUS	PAID	RESERVED

**PHYSICAL EXAMINATION**

HAS THE AGENT PERSONALLY INSPECTED THE APPLICANT'S PREMISES? YES OR NO DATE: \_\_\_\_\_

CONDITION OF RISK? \_\_\_\_\_ EXCELLENT \_\_\_\_\_ GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR

ANY OTHER INFORMATION THAT IS PERTINENT TO THIS RISK? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_

AGENCY PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

**LEGAL DISCLAIMER:** I certify that the answers to all the questions contained herein are true and will be used to procure insurance.

I also understand that any misrepresentations made within could result in cancellation of my insurance.

AGENT SIGNATURE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

APPLICANT PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_