

(Complete this supplement and submit with ACORD Application)

Name Insured/Applicant: _____

Street Address: _____

Yes	No	1. Hours of Operation:
		2. Total number of seats: Dining Bar/Lounge
		3. Average number of daily customers: Dining Bar/Lounge
<input type="checkbox"/>	<input type="checkbox"/>	4. Does the restaurant close for more than 30 consecutive days?
<input type="checkbox"/>	<input type="checkbox"/>	5. Has owner/manager operated the restaurant for less 3 complete years? If yes, describe prior experience:

Complete for Property Coverage

Note: Complete this section separately for each location.

Location# _____ County: _____

Street Address: _____ City/State: _____

Yes	No	Cooking Appliances:
		Number of Ranges -
		Deep Fryer: Broiler: Grills: Ovens: Other:
		Type of Fuel: Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Any table-side cooking.
		Protection:
		Type of System: Dry Chemical <input type="checkbox"/> Wet Chemical <input type="checkbox"/> CO ₂ <input type="checkbox"/> Other <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Automatic Fire Extinguishing System Provides Surface Protection for All Cooking Surfaces, e.g., Griddles, Ranges, Deep Fry & Broilers.
<input type="checkbox"/>	<input type="checkbox"/>	Metal hoods and Ducts Covering All Cooking Surfaces.
<input type="checkbox"/>	<input type="checkbox"/>	Hoods Equipped with Removable Filters or Grease Extractors Vented to Outside of Building.
<input type="checkbox"/>	<input type="checkbox"/>	All Cooking or Heating Devices Installed with Minimum 18 Inches Safe Clearances to Combustible Walls, Ceilings, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Manual Pull for Extinguisher System Readily Accessible and Clearly Identified.
<input type="checkbox"/>	<input type="checkbox"/>	All Gas Fired Cooking Equipment and Electric Deep Fat Fryers Equipped with Automatic Fuel Shut Off.
<input type="checkbox"/>	<input type="checkbox"/>	All Deep Fat Fryers Equipped with Thermostat with Automatic Fuel Shutoff if Temperature Exceeds 475.
<input type="checkbox"/>	<input type="checkbox"/>	Portable Fire Extinguishers in Kitchen Area. Number:
<input type="checkbox"/>	<input type="checkbox"/>	Burglar Alarm: Type: Manufacturer:
		Maintenance/Cleaning:
<input type="checkbox"/>	<input type="checkbox"/>	Hoods and Ducts Cleaned as Necessary by Outside Firm Under Contract
		Name of Firm:
		Cleaning Schedule: Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Cooking Equipment, Shelves, Floors, Walls, etc. Grease-Free
<input type="checkbox"/>	<input type="checkbox"/>	Automatic Extinguishing System Serviced No Less Than Every 6 Months: Service Interval:
		(ATTACH COPY OF CURRENT SERVICE CONTRACT)
		Wind/Flood Exposures:
		Distance from ocean, gulf, bay, intracoastal waterways, river, or other body of water:
		Identify body of water:
<input type="checkbox"/>	<input type="checkbox"/>	Is risk on an island?
<input type="checkbox"/>	<input type="checkbox"/>	Is risk in a wind pool area?

<input type="checkbox"/>	<input type="checkbox"/>	Is risk in a flood zone?
Other Hazards:		
<input type="checkbox"/>	<input type="checkbox"/>	Is the actual age of the building greater than 10 Years old? If yes, describe updates to the roof, electrical, HVAC and plumbing systems in the last 10 years:
<input type="checkbox"/>	<input type="checkbox"/>	Good housekeeping and maintenance throughout kitchen area.
Describe Unusual Conditions (e.g. playground facilities, unusual interior decorations, seasonal operations, wood burning stove or fireplace):		

Complete for General Liability Coverage

Note: Complete this section separately for each location.

Street Address: _____ City/State: _____

YES NO

Classification and Rating Information:				
What is the percentage of liquor sales to total sales?				
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant have a dance floor? If yes, size in square feet: _____ Number of evenings/week with dancing? Type of music: _____		
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant provide off-premises catering services? If Yes, annual sales: \$ Off-premises catering sales are what % of total restaurant sales? _____ %		
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant have an on-premises banquet facility? If yes, annual banquet sales: \$ Banquet sales are what % of total restaurant sales? _____ %		
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant offer delivery service? If yes, describe: _____		
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant have electronic or video games or large screen TVs? If yes, describe: _____		
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant sell food or condiments manufactured under the its own label? If yes, give annual sales and describe products: Annual Sales \$ _____ Products: _____		
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant have live entertainment? If Yes, describe: _____		
Sales:				
Indicate the following information for the upcoming and past three years:				
	<u>Total Sales</u>	<u>Food</u>	<u>Liquor</u>	<u>Other</u>
Estimated – Next 12 Months	_____	_____	_____	_____
Past 12 Months	_____	_____	_____	_____
Prior 12 Months	_____	_____	_____	_____
Prior 12 Months	_____	_____	_____	_____
If applicable, describe "Other": _____				
Floor Transitions: (Check the most appropriate description.)				
a. Level (no stairs or changes in floor transitions)	<input type="checkbox"/>			
b. One transition of 1 or 2 steps	<input type="checkbox"/>			
c. Two to four transitions of 1 or 2 steps	<input type="checkbox"/>			
d. Five or more transitions of 1 or 2 steps	<input type="checkbox"/>			
e. Two or more floors	<input type="checkbox"/>			
Parking Lot:				
<input type="checkbox"/>	<input type="checkbox"/>	Is parking lot owned by applicant?		

<input type="checkbox"/>	<input type="checkbox"/>	If parking lot is not owned by applicant, is applicant responsible for maintenance of the parking lot?
<input type="checkbox"/>	<input type="checkbox"/>	If answer to both of the above questions is "no," does applicant indemnify (through the lease agreement) the entity which owns or maintains the parking lot or will such entity be an insured under the applicant's general liability insurance?
Management Experience: <i>(Check the most appropriate description.)</i>		
Note: "Management" refers to the individual responsible for day-to-day operations of the restaurant (i.e., active owner/manager or employed restaurant manager.)		
		a. Same management for more than 9 years. <input type="checkbox"/> b. Same management for 5 to 9 years. <input type="checkbox"/> c. Same management for 3 or 4 years. <input type="checkbox"/> d. Same management for less than 3 years. <input type="checkbox"/> e. New venture and no previous restaurant management experience. <input type="checkbox"/>
Customer Incident/Complaint Handling: <i>(Check the appropriate description.)</i>		
		a. Waitpersons are trained in proactive customer incident/complaint management procedures <input type="checkbox"/> b. Proactive – provides complimentary meals and offers to pay for dry cleaning and first aid expenses. <input type="checkbox"/> c. Customer incident/complaint handling is not discussed with wait staff. <input type="checkbox"/> d. Wait staff instructed to take passive response to customer incidents or complaints. <input type="checkbox"/>
Health Department Rating: <i>(Check the latest applicable rating.)</i>		
		a. "A" or equivalent grade <input type="checkbox"/> b. "B" or equivalent grade <input type="checkbox"/> c. "C" or equivalent grade <input type="checkbox"/> d. "D" or below <input type="checkbox"/>
Experience of Head Chef: <i>(Check the most appropriate description.) Applicable to full service restaurants only.</i>		
		a. More than four years prior experience as head chef. <input type="checkbox"/> b. Two to four years prior experience as head chef. <input type="checkbox"/> c. Five years prior commercial culinary experience. <input type="checkbox"/> d. Two to four years prior commercial culinary experience. <input type="checkbox"/> e. Less than two years prior commercial culinary experience. <input type="checkbox"/>
Age of Refrigeration and Freezing Equipment: <i>(Check the most appropriate description.)</i>		
		a. Less than 3 years old or renovated in past 3 years. <input type="checkbox"/> b. 3 to 7 years old or renovated in past 3 to 7 years. <input type="checkbox"/> c. 7 to 12 years old or renovated in past 7 to 12 years. <input type="checkbox"/> d. 13 to 15 years old or renovated in past 13 to 15 years. <input type="checkbox"/> e. Over 15 years old and more than 15 years since last renovation. <input type="checkbox"/>
Maintenance of Refrigeration and Freezing Equipment: <i>(Check the most appropriate description.)</i>		
		a. Quarterly cleaning and preventive maintenance. <input type="checkbox"/> b. Semi-annual cleaning and preventive maintenance. <input type="checkbox"/> c. Annual cleaning and preventive maintenance. <input type="checkbox"/> d. Less than annual cleaning and preventive maintenance. <input type="checkbox"/>
Valet Parking:		
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant offer valet parking?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, is valet parking performed by the restaurant's employees?
<input type="checkbox"/>	<input type="checkbox"/>	Does the restaurant check the driving records of valet parking attendants?
RESPOND TO THE FOLLOWING IF VALET PARKING IS PERFORMED BY AN OUTSIDE FIRM:		
<input type="checkbox"/>	<input type="checkbox"/>	Does outside firm have insurance coverage in force to cover liability arising out of valet parking including physical damage to customers' autos?
<input type="checkbox"/>	<input type="checkbox"/>	Is restaurant owner included as an insured under the outside firm's garage and garage keepers insurance?

Complete for Liquor Liability Coverage

Note: Complete this section separately for each location.

Name of Insured/Applicant: _____

YES NO

Desired Limit of Insurance:					
\$300,000	<input type="checkbox"/>	\$500,000	<input type="checkbox"/>	\$1,000,000	<input type="checkbox"/>
Eff Date: _____		Liquor License #: _____		Type: Beer & Wine <input type="checkbox"/> Full Liquor <input type="checkbox"/>	
Special Promotions/Drinks:					
<input type="checkbox"/>	<input type="checkbox"/>	Any special consumption promotions such as ladies night, 2 for 1's, etc.? If Yes, describe: _____			
<input type="checkbox"/>	<input type="checkbox"/>	Do you serve any flaming drinks? If Yes, describe: _____			
Annual Receipts:					
		On-Premises Consumption	Off-Premises Consumption	On Premises Liquor Sales	Food Sales
Estimated Next 12 Months		_____	_____	_____	_____
Actual Past 12 Months		_____	_____	_____	_____
Drink Prices: Cocktails: \$ _____ to \$ _____ Beer: \$ _____ to \$ _____ Wine: \$ _____ to \$ _____					
<input type="checkbox"/>	<input type="checkbox"/>	Off Premises: Do you dispense or provide alcoholic beverages for off-premises events?			
Violations of Liquor Laws:					
<input type="checkbox"/>	<input type="checkbox"/>	Has applicant, any owner, partner, officer of licensee ever had a liquor license revoked or suspended? If Yes, explain: _____			
<input type="checkbox"/>	<input type="checkbox"/>	Have the authorities been called to your premises for any reason during the past five years? If yes, explain: _____			
Training or Guidance Provided Servers:					
<input type="checkbox"/>	<input type="checkbox"/>	Is any training or guidance provided for servers in the handling of minors or intoxicated customers? If Yes, give details: _____			
<input type="checkbox"/>	<input type="checkbox"/>	Does insured have written guidelines for handling minors and intoxicated customers? If No, what percentage have training? _____			
<input type="checkbox"/>	<input type="checkbox"/>	Are customers served without checking ID? _____			
<input type="checkbox"/>	<input type="checkbox"/>	Does insured have written guidelines for checking ID? _____			
<input type="checkbox"/>	<input type="checkbox"/>	Does insured employ a "bouncer"? _____			
Liquor Liability Insurance:					
<input type="checkbox"/>	<input type="checkbox"/>	Does applicant currently carry Liquor Liability Insurance? If Yes, give the following information: Name of Carrier: _____ Limit of Liability: _____ Policy Type: Occurrence Form <input type="checkbox"/> Claims Made Form <input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	Has the applicant had Liquor Liability insurance coverage denied, canceled or non-renewed during the last three years? If Yes, give details: _____			
<input type="checkbox"/>	<input type="checkbox"/>	Is the applicant aware of any past incident that may give rise to a claim? If Yes, give details (include amounts): _____			

Applicant Signature/Date

Producer Signature/Date