



# RESTAURANT/TAVERN SUPPLEMENT

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)
	FAX (A/C, No.):	
	E-Mail Address:	
CODE:	SUB CODE:	LOCATION OF PROPERTY (COMPLETE THIS SUPPLEMENT FOR EACH APPLICABLE LOCATION)
AGENCY CUSTOMER ID:		HOURS OF OPERATION
<b>TYPE OF BUSINESS</b> <input type="checkbox"/> RESTAURANT <input type="checkbox"/> FAMILY STYLE <input type="checkbox"/> NIGHTCLUB <input type="checkbox"/> DINER <input type="checkbox"/> BANQUET HALL <input type="checkbox"/> BED & BREAK-FAST INN <input type="checkbox"/> FRANCHISED <input type="checkbox"/> SEASONAL <input type="checkbox"/> FAST FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> OTHER <input type="checkbox"/> NOT FRANCHISED <input type="checkbox"/> YEAR ROUND		

## GENERAL INFORMATION

		YES	NO			YES	NO
1. OWNER OR CORPORATION NOW OR IN THE PAST INVOLVED IN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. ORIGINAL USE AND SUBSEQUENT OCCUPANCIES OF THE BUILDING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> TAX LIEN <input type="checkbox"/> ANY LITIGATION <input type="checkbox"/> FORECLOSURE <input type="checkbox"/> BUSINESS FAILURE							
2. IS ANY ENTERTAINMENT PROVIDED? IF YES, ANSWER QUESTIONS 3-9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. ANY STAIRWAYS, ELEVATORS OR ESCALATORS ON PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. NIGHTS OF WEEK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. SEATING CAPACITY:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MONDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> SATURDAY				13. IF ALCOHOLIC BEVERAGES ARE SOLD, IS SERVICE RESTRICTED TO BEER AND WINE ONLY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. AGE OF CLIENTELE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. SEASONAL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. TYPE OF ENTERTAINMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. ANY GRILLING, DEEP FAT FRYING, OPEN BROILING, ROASTING?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ROCK GROUP <input type="checkbox"/> DJ <input type="checkbox"/> BAND (ANY KIND) OTHER (DESCRIBE):				16. ANY TABLESIDE COOKING?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. DOES A DANCE FLOOR EXIST? IF YES, SHOW AGE GROUPS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. HAS BUSINESS BEEN IN OPERATION LESS THAN 5 YEARS AT THIS LOCATION? IF YES, DESCRIBE PRIOR EXPERIENCE OF OWNER/MANAGER.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> UNDER 21 <input type="checkbox"/> 21-40 <input type="checkbox"/> OVER 40				18. NUMBER OF EMPLOYEES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. IS DANCING PERMITTED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FULL TIME:                      PART TIME:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. BOUNCERS OR DOORMEN? IF YES, EXPLAIN WHY.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. IS THE BUILDING OWNER TO BE NAMED AS AN ADDITIONAL INSURED AS INTEREST MAY APPEAR? IF YES, PROVIDE BUILDING OWNER NAME AND ADDRESS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. AMUSEMENT DEVICES (POOL TABLES, VIDEO GAMES, GAMBLING, ETC)? IF YES, # AND DESCRIPTION.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## BED & BREAKFAST INN ONLY

		YES	NO			YES	NO
1. NAME OF INN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. DOES INN PROVIDE GUESTS WITH ANY SPORTS EQUIPMENT, INCLUDING BOATS, BICYCLES, MOTORCYCLES OR HORSES? IF YES, DESCRIBE.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. IS INN OPERATED BY OWNERS(S) AND OCCUPIED AS A PERMANENT RESIDENCE BY OWNER(S)? IF NOT, PROVIDE NAME AND EXPERIENCE OF OPERATOR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. WHERE ARE CLEANING SOLVENTS STORED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. NUMBER OF GUEST ROOMS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. IS CLEANING SOLVENT CABINET LOCKED OR STORED OUT OF REACH OF CHILDREN?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. HAS PROPERTY BEEN DESIGNATED A HISTORICAL MARKER?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. ARE ADEQUATE SMOKE ALARMS INSTALLED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. WOODBURNING STOVE OR FIREPLACE INSERT? IF YES, NAME OF MANUFACTURER: DATE INSTALLED:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. DESCRIBE EMERGENCY LIGHTING SYSTEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**KITCHEN FIRE PROTECTION**

1. U.L. 300 APPROVED AUTOMATIC EXTINGUISHING SYSTEM UNDER MAINTENANCE CONTRACT? IF YES, # MONTHS: _____	YES	NO	5. BC AND K EXTINGUISHERS AVAILABLE IN KITCHEN?		
2. DOES ABOVE SYSTEM COVER ALL COOKING SURFACES? IF YES, NAME OF SYSTEM:			6. HOODS AND DUCTS OVER ALL COOKING EQUIPMENT?		
3. AUTOMATIC GAS OR ELECTRIC SHUT OFFS FOR COOKING?			7. HOODS AND DUCTS MAINTENANCE CONTRACT SCHEDULE? # MONTHS:		
4. HOOD AND FILTERS CLEANED WEEKLY BY STAFF?			8. ADEQUATE CLEARANCE BETWEEN HOODS, DUCTS, COOKING EQUIPMENT AND COMBUSTIBLE MATERIALS?		

**GENERAL LIABILITY**

1. RECEIPTS (LAST 3 YEARS)	YES	NO	5. LODGING OPERATIONS OTHER THAN APARTMENTS? IF YES, DESCRIBE.	YES	NO																
<table border="1"> <thead> <tr> <th></th> <th>FOOD</th> <th>LIQUOR</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>Year</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Year</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Year</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>		FOOD	LIQUOR	OTHER	Year	\$	\$	\$	Year	\$	\$	\$	Year	\$	\$	\$			6. ANY OTHER ON OR OFF PREMISES EXPOSURES NOT LISTED ABOVE? IF YES, DESCRIBE.		
	FOOD	LIQUOR	OTHER																		
Year	\$	\$	\$																		
Year	\$	\$	\$																		
Year	\$	\$	\$																		
2. SQUARE FOOTAGE: TOTAL BUILDING: _____ APARTMENTS: _____ RESTAURANT: _____ # APARTMENTS: _____			7. ADEQUATE EMERGENCY EXITS PROVIDED, EQUIPPED WITH PANIC HARDWARE?																		
3. OFF PREMISES PARKING? IF YES, ADDRESS: _____			8. NON-OWNED AUTOMOBILE? IF YES, # OF EMPLOYEES: _____																		
			9. VALET PARKING? IF YES, IS GARAGE KEEPER LIABILITY REQUIRED?																		
4. ON OR OFF PREMISES CATERING/BANQUET? IF YES: % OF TOTAL RECEIPTS: _____ DESCRIBE CATERING OPERATION _____			10. ANY DELIVERIES? IF YES, DESCRIBE.																		
		SQUARE FOOTAGE																			

**LIQUOR LIABILITY**

	YES	NO		YES	NO
1. DOES APPLICANT SERVE ALCOHOL?			8. # OF BARS ON PREMISES: IS THERE A STEADY BAR CLIENTELE?		
2. DOES APPLICANT HAVE LIQUOR LICENSE? IF YES, TYPE AND #:			9. IS THERE A HAPPY HOUR? REDUCED PRICE DRINKS?		
3. DOES APPLICANT SELL PACKAGE GOODS? IF YES, % OF LIQUOR RECEIPTS:			10. IS A LAST CALL GIVEN? IF YES, WHAT TIME?		
4. # OF BARTENDERS: _____ # OF WAITERS/WAITRESSES: _____ AVG LENGTH OF EMPLOYMENT: _____			11. ARE SHOTS GIVEN? SHOTS SPECIALS?		
5. ARE EMPLOYEES GIVEN LIQUOR TRAINING? IF YES, EXPLAIN TYPE AND WHEN TRAINED.			12. HAVE THERE BEEN ANY LIQUOR BOARD VIOLATIONS? IF YES, LIST ALL VIOLATIONS.		
6. DOES APPLICANT HAVE WRITTEN POLICY ON SERVING ALCOHOL FOR EMPLOYEES AND CUSTOMERS?					
7. IS MANAGEMENT NOTIFIED PRIOR TO SHUTTING OFF PATRONS? IS DOCUMENTATION KEPT ON EACH INCIDENT?					

**FINANCIAL INFORMATION - MOST RECENT 12 MONTH PERIOD**

TOTAL OPERATING EXPENSES (FOOD AND LIQUOR ONLY)	\$
TOTAL OPERATING EXPENSES (OTHER THAN COST OF FOOD AND LIQUOR)	\$
NET PROFIT OR LOSS (IF LOSS, ATTACH FINANCIAL STATEMENT)	\$
ACCOUNTS PAYABLE	\$
NOTES PAYABLE (NOT TO BANKS)	\$
BANK LOANS PAYABLE	\$

**REMARKS**

**ATTACHMENTS**

	FINANCIAL STATEMENT
	PHOTOS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)