



## Restaurant Supplement

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

### I. BUSINESS/OPERATIONS

- What type of food service is offered?  Snack bar  Fast food  Cafeteria or Buffet  Full-Service, Family  Full-Service, White Tablecloth  Other (describe) \_\_\_\_\_
- What are the gross sales for the past 3 years in each category?
 

Year	Food Sales	Alcoholic Beverage Sales
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
- Number of years the restaurant has been under current management at this location: \_\_\_\_\_
- What are the hours of operation? \_\_\_\_\_
- Is there a separate bar or lounge?  Yes  No If separate - Square footage of eating area: \_\_\_\_\_  
Square footage of bar or lounge: \_\_\_\_\_
- Is there a dance floor?  Yes  No
- Is there other entertainment?  Yes  No If yes, describe: \_\_\_\_\_
- Is there valet parking?  Yes  No If yes - Are written claim checks given to patrons?  Yes  No  
Are MVR's ordered on all parking attendants?  Yes  No
- Is the restaurant open to the public?  Yes  No If no, is it for members and guests only?  Yes  No
- If alcohol is served, is the wait staff required to take an alcohol awareness course such as TIPS?  Yes  No  
Is there a drink maximum imposed on customers?  Yes  No  
Is there a formal control in place to avoid serving alcohol to minors?  Yes  No If yes, explain: \_\_\_\_\_

### II. PROTECTION

- Does the automatic extinguishing system protect the following? (Check all that apply)  
 Cooking surfaces?  Exhaust ductwork?  Hoods?  Deep fat fryers?  Other cooking appliances
- Do all deep fat fryers have high limit switches?  Yes  No
- Does the extinguishing system have an accessible manual release control?  Yes  No
- List the age of the extinguishing system: \_\_\_\_\_
- Is the system U.L. listed?  Yes  No
- Is there an inspection/maintenance agreement?  Yes  No If yes, what is the frequency? \_\_\_\_\_
- How often is the hood and ductwork professionally cleaned? \_\_\_\_\_
- What is the frequency and method of cleaning hoods and grease filters? \_\_\_\_\_
- Are grills equipped with grease traps?  Yes  No
- Is smoking allowed in any areas of the restaurant?  Yes  No  
If yes, are ashtrays emptied into fire-resistant receptacles?  Yes  No
- Are "No Smoking" signs posted in stockrooms?  Yes  No
- Are all flammables and combustibles (like paper goods, etc.) stored separately from ignition sources (like cooking areas, bottles of alcohol, etc.)?  Yes  No

13. Are flaming dishes served or is there tableside cooking?  Yes  No

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Additional comments below: \_\_\_\_\_

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Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

**Fair Credit Report Act Notice:** An investigative consumer report may be requested by the insured to which this application is assigned as to the consumer's character, general reputation, personal characteristics and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer-reporting agency that furnished the report.

**Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance 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 residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_