



RESTAURANT SUPPLEMENT

P.O. Box 2009, Glen Allen, VA 23058-2009
800-431-1270 Fax: 804-527-7966

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

Additional comments below: _____

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: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

FRAUD WARNING: 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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit: <http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>.

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 _____