

Restaurant, Bar and Tavern Supplemental Application

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____
 DBA: _____
 Location Address: _____
 Website Address: _____

GENERAL INFORMATION

1. Annual Food Gross Sales: \$ _____ Annual Alcohol Gross Sales: \$ _____ Other Sales: \$ _____
 a. Describe other sales: _____
2. What is the latest business closing time?
 11:00 PM or earlier After 11:00 PM and by 2:00 AM After 2:00 AM Open 24 hours
3. When did this location open under the current ownership? _____
 a. If less than 3 years under current ownership, describe owner's prior restaurant/bar ownership or management experience including length of time.
4. Has the name of the business changed in the last five years? Yes No
 a. If yes, what was the prior name? _____
5. Do you provide table service? Yes No
6. Are customers allowed to bring their own alcohol on the premises? Yes No
7. What is the operating season? Annual From: _____ To: _____
8. Have police been called to the premises in the past three years? If yes, provide details. Yes No
9. Has the risk had a prior or current foreclosure, repossession or bankruptcy? If yes, provide details. Yes No

PREMISES

1. Is there a swimming pool on the premises? Yes No
2. How many apartment units on the premises do you own or maintain? _____
 a. If any, are any of these units subsidized, student or senior housing? Yes No
3. Is this a waterfront property? Yes No
 a. Do you own or maintain any ocean or river beach front or waterfront areas? Yes No
 b. How many boat docking slips are available for patrons? _____

FOOD SERVICE N/A

(skip section if no food service)

1. Do you keep records on stock rotation and cooler temperatures? Yes No
2. Do you have posted warnings on the premises or on the menus alerting customers to the hazards associated with consuming raw or under-cooked foods? Yes No
3. Do you have written policies and procedures for the proper handling, preparation and service of raw seafood and meat? Yes No

ALCOHOL SERVICE N/A
(skip section if no alcohol exposure)

1. Do you have an active liquor license? Yes No
2. Have you had any fines or violations of alcoholic beverage control laws in the past two years? Yes No
3. Do you ever offer any drink specials that extend past 9:00 pm? Yes No
4. Do you offer bottle service (i.e. purchasing of a bottle of liquor to be consumed on the premises) other than wine? Yes No
5. Do you serve or sell alcohol away from the premises? If yes, provide details. Yes No
6. What, if any, are the sales of alcohol to customers for off-premises consumption? \$ _____
7. Do you require all alcohol servers to take a third-party alcohol server training program such as TIPS, TOPS, etc.? Yes No
8. Do you have written guidelines and procedures in place for verifying the age of patrons to prevent the sale of alcohol to minors? Yes No
 - a. Are all staff trained on the written guidelines and procedures? Yes No
9. Do you have written guidelines and procedures in place for cutting off and not over-serving patrons that are intoxicated? Yes No
 - a. Are all staff trained on the written guidelines and procedures? Yes No
10. Do you brew or distill your own alcohol? Yes No
 - a. What are the gross sales from brewing/distilling operations? \$ _____
 - b. How do you package the alcohol? Bottles Cans Keg/Drum Other: _____

ENTERTAINMENT N/A
(Skip section if none.)

1. What is the dance floor area? N/A _____ Sq. Ft
2. Do you have any entertainment that attracts crowds larger than 250 people? Yes No
3. Do you host any special events that allow for increased capacity or utilize space around the building? Provide details if 'yes'. Yes No
4. Do you have any mechanical bulls, nude or topless dancing, or pyrotechnics? Yes No
5. How many sports courts and playgrounds do you have on the premises? _____

TAVERN ONLY N/A
(skip section if no alcohol sales or closes before 11 PM with less than 60% alcohol sales)

1. Are there any balconies, decks, or rooftop areas? Yes No
2. Do you offer or allow drinking games (e.g. beer pong, shot games) Yes No
3. Are you located on or near a college campus or do you target college-aged clientele? Yes No
4. Do you open after 8:00 PM on any night? Yes No
5. What live entertainment do you offer? (Check all that apply) None
 Karaoke DJs Bands Raves Foam Parties
 Other: _____
 - a. Are any musical acts rap, hip hop, punk rock or heavy metal? Yes No
 - b. Do you have live entertainment more than three nights a week? Yes No

6. What amusement devices are on the premises?
 Pool Tables Darts Juke Box Gambling games Arcade games Mechanical rides
 Other: _____
7. Are firearms allowed on the premises? Yes No
8. Do you have bouncers or other security staff? Yes No
- a. What type of weapons are they armed with? _____
- b. Are there metal detectors, pat downs or frisking at the door? Yes No

ADDITIONAL OPERATIONS

1. Do you offer valet parking? Yes No
- a. If yes, who is responsible for valet parking? Employees Independent Contractor
- b. Do you verify the driving records of all employed valet parking attendants? N/A Yes No
- c. If valet parking is contracted, do you keep records of the contractor's Garagekeepers Liability certificate of insurance? What limits do you require? _____ Yes No
2. What, if any, are your sales from off-premises catering? \$ _____
3. Do you rent your facility or make it available for private parties or events? Yes No
4. Please describe any operations not otherwise mentioned:

PROPERTY

N/A

1. Are there any wood burning stoves or fireplaces on the premises? Yes No
2. What types of cooking are done on the premises? (check all that apply) None
- Grilling Deep Fat Frying Open Broiling Solid Fuel Cooking
- Roasting Tableside Cooking Barbecue Smokehouse
- Other: _____
3. If any barbeque pits or smokehouses on the premises, where are they located?
 In the building Beside the building ____ ft from the building
4. If any grilling, frying or other grease laden cooking is done on premises:
- a. Are covered metal containers used for greasy and soiled rags to reduce the spontaneous combustion hazard? Yes No
- b. Do you have laundry washing machines and dryers on premises for cleaning soiled rags? Yes No
- c. Is a professional laundry service used for greasy rags? Yes No
5. Is the building situated on a wharf, pier or dock? Yes No
6. Are all gas and electric cooking fuel supplies equipped with automatic shut-offs and manual pulls? Yes No
7. Do all cooking surfaces have a UL300-approved automatic fire extinguishing systems installed above them? Yes No
8. Is there a contract in place with a third-party to have the fire suppression, hood and duct systems cleaned and maintained at least semi-annually? Yes No

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY AND ARE MADE PART OF ALL APPLICABLE APPLICATIONS FOR INSURANCE.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued. I HAVE READ AND UNDERSTAND THE FRAUD WARNINGS CONTAINED IN ALL APPLICATIONS.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature

Title

Date

Producer Signature

Date