

COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY PELEUS INSURANCE COMPANY

CONTRACT DIVISION - RESTAURANT - SUPPLEMENTAL APPLICATION

ACORD Application also required - Check all applicable checkboxes below

General Agent:	Date:		
nsured:	I		
nsured Mailing Address:			
Insured's Web Address:			
nsured Contact Name:	Phone Number:		
DHIBITED (check all that apply to your operations) Armed security unless an off duty certified policy officer Bar/Tavern (including Sports Bars), IF they are a stand Bouncers if more than one BBQ / Smoker inside premises BBQ pits or smokers within premises or within 100 feet BYOB (Bring Your Own Liquor) Dance clubs, even if food is served Gentlemen's club Hookah bars Hours open are later than 2 AM Liquor receipts exceed 30% of combined annual total remained by the company of the c	alone operation of building eceipts for food and liquor		
Years in business as the 'Named Insured' indicated on to Years' experience in the operations indicated on this applicant are actively involved in the day-to-day operation. Has applicant had an insurance policy cancelled or non-rer (Missouri Applicants - Do not answer this question)	plication - Attach resumes if available s		

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RESTAURANT - SUPPLEMENTAL APPLICATION

	RY years of loss history information provided on ACORD application or attached to this application alt and Battery incident(s) have occurred in the past 3 years		
OPERATION	S / EXPOSURES / CONTROLS		
Building			
ΠÃ	partment units are on the premises & premises owned by the insured. Number of apartments:		
	each, dock, piling, pier or wharf exposures exist		
	uilding(s) are regularly maintained and are currently in good repair, not in a deteriorating condition		
	mergency lighting in place		
	xit signs in place and illuminated at night		
	re extinguishers in place as required by local codes and all have current service tags		
	anic bars on all exit doors, all exit doors unlocked during operating hours, exit areas not blocked		
	arking lots, ramps, sidewalks, steps are properly marked, maintained and in good repair		
	remises are currently listed 'for sale'		
	atering off-premises		
Cooking:			
	utomatic fuel shut-off in place for cooking equipment		
	BBQ pits or smokers must be monitored at all times		
·	Extinguishing system (automatic) protects all grease cooking equipment (or grease vapor producing		
е	quipment), ducts and grease filters		
	☐ Cleaning of ducts, exhaust filters and hoods is done by professional, insured, third party service		
	at least semi-annually		
	Manual release for the automatic extinguishing system is located outside of kitchen		
☐ Fi	☐ Fryers have auto-temperature-shut-offs, noncombustible barriers & are at least 18" from combustibles		
□ 0	 Open flame cooking with real wood logs, not wood chips (wood chips acceptable) 		
	ableside cooking		
Dance flo	por:		
lf	yes, what Is the square footage of the dance floor: square feet.		
□ D	J		
☐ Li	ve bands - describe types of music:		
니 일	ther types of entertainment (describe):		
Liquor:			
-	quor is served (If Liquor Liability is needed please complete the Liquor Liability Supplemental)		
	After hours exposures exist		
	Happy Hour drink specials		
	☐ ID's checked for anyone looking under 21		
Off – Pre	☐ ID's required for anyone looking under 40		
Catering off-premises			
	elivery of food to customers – phone or text ordering		
Parking:	auting areas are under the applicant's control		
	Parking areas are under the applicant's control		
	☐ Valet parking provided by insured's employees		
	ubcontracted to insured, third party who provides evidence of Garage Keepers Legal Liability (GKLL) and		
Α	uto Liability		

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OPERATIONS / EXPOSURES / CONTROLS (continued)			
Rental:			
Rental of facilities to third parties. Number of times per year (estimated):			
Seafood:			
Seafood – Raw Percentage of food sales that are raw: %			
Security includes:			
☐ Bouncers – Employees ☐ Bouncers – Subcontracted			
Central station burglar alarms			
No known history of fights or rowdiness			
Security – third party – off duty peace officers			
☐ Security – third party, insured and providing applicant with additional insured status on their policy			
TIPS/TOPS LIQUOR SERVICE TRAINING			
☐ Training (TIPS, TOPS or similar) is provided to ALL employees handling liquor			
Tras <u>h:</u>			
☐ Trash disposal includes proper handling of smoking materials (if smoking is allowed). All trash is placed in			
metal trash bins that are stored away from the building.			
SUBCONTRACTORS			
Uninsured Subcontractors are not acceptable.			
Risk Transfer – Subcontractors:			
☐ Additional Insured – Status granted to you on the subcontractor's policy			
☐ Certificates of Insurance - Always obtained from a subcontractor prior to any work being done for you.			
Limits of Liability - Subcontractors are required to carry limits equal or above your own			
EMPLOYEES			
Total Number of Employees (include leased employees):			
DECEMPO			
RECEIPTS			
Food Only \$ Liquor Only \$			
Total of Food, Liquor and Other \$			
DISCONTINUED OPERATIONS / DISCONTINUED NAMED INSUREDS:			
Discontinued Operations for this application's Named Insured(s) in the past 10 years. Provide details below:			
☐ Operated under a different 'Named Insured(s)' in the past 10 years. Indicate the Named Insured(s) and			
 Operated under a different 'Named Insured(s)' in the past 10 years. Indicate the Named Insured(s) and corresponding operations for the Named Insured(s) below: 			
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COVERAGE OPTIONS - LIABILITY (check if you would like an optional question of the control of the	, <u> </u>
COVERAGE OPTIONS - PROPERTY (check if you would like an optional of Building Ordinance or Law (Increased Cost of Construction) – U750 Equipment Breakdown – U522 & U523 Property Coverage Enhancement: Bronze – U777C Silver Signs (Outdoor) – CP1440 Water Back Up and Sump Overflow – U548	, ,
GENERAL FRAUD STATEMENT (Not applicable	e in all states.)
Any person who knowingly and with intent to defraud any insurance compainsurance or statement of claim containing any materially false information, dinformation concerning any fact material thereto, may be committing a frauduactivil penalty or fine.	ny or other person files an application for or conceals for the purpose of misleading,
The undersigned is an authorized representative of the applicant and certifies questions on this application. He/She certifies: The answers are true, correct and complete to the best of his/her known in the ACORD and understand those provisions also apply to this supplemental app	owledge. 0-125 (Commercial Insurance Application)
SIGN AND DATE PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE

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