

RESTAURANT APPLICATION

APPLICANT INFORMATION

BUSINESS NAME:	YRS IN BUSINESS AS:
PROPRIETOR NAME (S):	YRS EXPERIENCE:
MAILING ADDRESS:	WEBSITE:
CLASSIFICATION: 1.FINE DINING <input type="checkbox"/> 2.FAMILY RESTAURANT <input type="checkbox"/> 3.FAST FOOD <input type="checkbox"/> 4.BAR/TAVERN <input type="checkbox"/> 5.NIGHTCLUB <input type="checkbox"/>	POLICY TERM: EFF. _____ EXP. _____

LOCATIONS TO BE INSURED

LOC.	STREET, CITY, STATE, ZIP CODE	TOTAL AREA	% OCCUPIED	OTHER OCCUPANTS

DETAILS OF OPERATION

HOURS OF OPERATION- Weekend:	Midweek:
SEATING CAPACITY- Dining Area:	Lounge/ Bar:
STAFF- Waitpersons:	Bartenders: Kitchen:
Doormen:	Bouncers:
AVERAGE MEAL PRICE- Lunch:	Dinner:
AVERAGE AGE OF CLIENTELE Under 30 <input type="checkbox"/> 30 - 50 YRS <input type="checkbox"/> OVER 50 <input type="checkbox"/>	
Is delivery offered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any valet Service?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PROPERTY INFORMATION

	LOCATION 1	LOCATION 2	LOCATION 3
UPDATES (Year of)			
PLUMBING			
ROOFING			
HEATING			
ELECTRICAL			

ADDITIONAL INFORMATION

1. What type of cooking is done? <input type="checkbox"/> Oven <input type="checkbox"/> Commercial Ranges <input type="checkbox"/> Deep fat fryers <input type="checkbox"/> BBQ Pit <input type="checkbox"/> Grills <input type="checkbox"/> Tableside cooking	
2. Do automatic extinguishing systems protect all hoods, ducts and deep fat fryers? If yes, what type of system is in place? <input type="checkbox"/> Wet <input type="checkbox"/> Wet & UL300 Compliant <input type="checkbox"/> Dry	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are automatic extinguishing systems inspected on a regular basis? If yes, how often:	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are the ducts and hoods cleaned regularly by an outside contractor? If yes, provide the frequency of service:	Yes <input type="checkbox"/> No <input type="checkbox"/>

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5. Are manually operated fire extinguishers located near flammable areas? If yes, are they tagged annually?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are pyrotechnics or flammables used in any entertainment acts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Is smoking permitted on the premises? If yes, is it confined to designated areas? Are ashtrays emptied into self-closing fire resistant receptacles?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

ESTIMATED RECEIPTS

	FOOD	LIQUOR	CATERING	ENTERTAINMENT	TOTAL
LOC #1					
LOC #2					
LOC #3					

If there are Catering receipts, what percentage is associated with cash or open bars: _____	
If there are Entertainment receipts, what percentage is associated with:	
Video Games: _____	Pool/Game Tables: _____
Cover Charge: _____	Special Events: _____
If any Special Events, please describe:	
Is there a dance floor on the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your Liquor Liability carrier provide Assault & Battery coverage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have there ever been any Assault & Battery incidents reported in the past five years? If yes please describe:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Is there a Playground or similar recreational activities at the insured premises? If yes, please describe:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any Sports teams sponsored? If yes, please describe:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please describe the applicant's procedures for preventing serving alcohol to minors: _____	
Please describe the procedures in place to address intoxicated patrons:	
Is there more than one means of egress from the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the means of egress clearly marked and kept unlocked during business hours?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Date: _____

*Signing this application does not bind the applicant or the company to complete the insurance.



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