



RESTAURANT SUPPLEMENTAL APPLICATION

Complete Application and Fax to: 845-279-8482

Name of Insured/Applicant: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Contact Name: _____

RATING AND STATISTICAL INFORMATION

1. Type of Business:

Fast Food___ Family Style___ Upscale___ Nightclub___
Bed & Breakfast Inn___ Banquet Hall___ Tavern___ Other___

2. Days & Hours of operation: _____

3. Is this a franchise operation? Yes___ No___

4. Does the restaurant have playground facilities? Yes___ No___

5. Are alcoholic beverages sold? Yes___ No___

6. If Upscale Restaurant:

- a. Average dinner entree price \$ _____
- b. Do liquor receipts exceed 50% of total receipts? Yes___ No___
- c. Attach copy of menu to application

7. Member of Restaurant Association? Yes___ No___

Name of Association _____

Association Membership No. _____





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Please explain "yes" answers to Questions 8 thru 30 in "Comments"

8. Do you have any other on or off premises operations? Yes___ No___
9. Is restaurant seasonal- (closed &/or vacant for more than 1 month)? Yes___ No___
10. Do you have a Central Station Burglar and/or Fire Alarm System? Yes___ No___
11. Are there more than 2 coin operated video/arcade games on premises? Yes___ No___
12. Do you offer customer delivery service? Yes___ No___
13. Does the restaurant ever employ a cover charge? Yes___ No___
14. Is the food prepared predominately by tableside cooking? Yes___ No___
e.g. Japanese style.
15. Valet parking offered? Yes___ No___
16. Is the restaurant rented to others for special events? Yes___ No___
17. Is percentage of on/off catering more than 5% of total sales? Yes___ No___
18. Has the restaurant been cited or closed by the Board of Health
in the last 3 years? Yes___ No___
19. Any known use of aluminum wiring or electrical code violations on premises?
Yes___ No___
20. Is restaurant floating or located on a waterfront, pier, wharf or dock? Yes___ No___
21. Is the restaurant predominately a cafeteria, buffet or smorgasbord? Yes___ No___
22. Is the restaurant located in protection class 9 or 10? Yes___ No___





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23. Is the actual age of the building greater than 30 years? Yes___ No___

If yes, indicate year of last updates?

Roof_____ Electrical_____ Plumbing_____ Heating_____

24. Does the restaurant specialize in uncooked seafood products? Yes___ No___

25. Is the restaurant open 24 hours per day? Yes___ No___

26. Can customers bring in their own alcoholic beverages? Yes___ No___

BUSINESS / FINANCIAL QUESTIONS

27. Has the owner had less than 3 years of management experience in the restaurant business? Yes___ No___

28. Has restaurant been at this location under current ownership and the current name for less than 3 years? Yes___ No___

30. What are the hours of operation? _____

Are there separate hours of operation for food sales and alcohol sales? Yes___ No___

If yes, advise: Hours of operation:

Bar_____ Restaurant_____

29. Has the owner ever been involved in a bankruptcy procedure? Yes___ No___

31. Losses: Obtain and Attach loss runs for last three years.

PHYSICAL CHARACTERISTICS / LIFE SAFETY





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Please explain "no" answers to Questions 32 thru 36 in "Comments"

32. Is there a Class K fire extinguisher available in the kitchen? Yes___ No___

33. Is trash disposed of in metal containers with self-closing lids? Yes___ No___

34. Was the building originally built as a restaurant? Yes___ No___

35. Is the restaurant located in the building on the 3rd floor or below? Yes___ No___

36. Are there more than 1 means of egress/exits in restaurant? Yes___ No___

If yes, advise: Number of Exits _____

COOKING PROTECTION

Please explain "no" answers to Questions 37 thru 44 in "Comments"

37. Was the deep fat fryer installed after 11/94? Yes___ No___

38. Does kitchen have a UL 300 compliant wet chemical extinguishing system? Yes___ No___

39. Are the cooking surfaces, hoods, ducts and extinguishing system inspected and serviced at least every 6 months under a written contract? Yes___ No___

40. Does the automatic extinguishing system protect/cover all:

- a. Cooking surfaces? Yes___ No___
- b. Deep fat fryers? Yes___ No___
- c. Exhaust ductwork? Yes___ No___
- d. All other cooking appliances? Yes___ No___

41. Is there an automatic gas or electric shut-off for cooking appliances? Yes___ No___

42. Does the extinguishing system have an accessible manual release control? Yes___ No___





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43. Are the hood and filters cleaned weekly? Yes___ No___

44. Is there a minimum of 18" clearance between hoods, ducts, cooking equipment and combustible material? Yes___ No___

RESTAURANT LIQUOR LIABILITY

Must be completed on all applicants for Liquor Liability

A. Is there a separate bar area from the eating area? Yes___ No___

B. Has applicant ever been fined or cited for violations of a law or ordinance relating to sales of alcohol? Yes___ No___

If yes, explain_____

C. Have all employees handling or servicing alcohol completed an industry approved or sponsored seminar or course on intoxication management that is evidenced by a certificate of completion? Yes___ No___

D. Does applicant subscribe to or provide alternative transportation for suspected intoxicated patrons?

I. Losses: Have you had any Liquor Legal Claims in the past 3 years? Yes___ No___

II. Obtain and attach loss runs for last three years.

F. Annual receipts: Bar \$_____ Restaurant \$_____

E. Do you have "Happy Hours" or other reduced prices for alcohol? Yes___ No___

G. Have you had coverage for Liquor Legal Liability the last 3 years? Yes___ No___

Insurance Carriers Name:_____ Policy Number:_____





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H. Do you have Entertainment on premises: None___ Solo musician___ Other _____

Describe: _____

I. Is there live entertainment or dancing on the premises? Yes___ No___

COMMENTS: (information to any questions answered yes or no as specified)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

APPLICANT'S SIGNATURE: _____ Date: _____

