

RESTAURANT APPLICATION

(Please Note: Responses on this application MUST BE TYPED)

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Inspection Contact: _____

_____ Phone Number for Inspection contact: _____

Loc Address _____

Proposed Policy Period: _____ to: _____

Insured is Individual Partnership Corporation Joint Venture Other _____

GENERAL INFORMATION

Number of years in business? _____ If new, describe prior experience: _____

Receipts: Total \$ _____ Total Number of Employees Full Time _____ Part Time _____
 Food \$ _____ Servers Full Time _____ Part Time _____
 Liquor \$ _____ Bartenders Full Time _____ Part Time _____

Operating hours: _____ Days _____

Premises: Owned Leased Total Square Footage occupied by applicant _____

Seating Capacity _____

Cooking Controls:

Wet Chemical Ansul? Yes No Service Agreement in place? Yes No
 Cooking preformed under hoods? Yes No Service Agreement in place for cleaning ducts? Yes No
 Any firearms kept on premises? Yes No If yes, decline.
 Are bouncers employed? Yes No

ACTIVITIES AND ENTERTAINMENT

Any entertainment provided? Yes No If yes, describe _____

Number of:

Pool Tables _____ Dart Boards _____ Video Games _____ Other _____

Is there a dance floor? Yes No If yes, provide dimensions and type of dancing _____

BUILDING INFORMATION:

| | Loc. 1 | Loc. 2 | Loc. 3 |
|--------------------------|--|--|--|
| CONSTRUCTION: | | | |
| YEAR BUILT: | | | |
| # OF STORIES: | | | |
| TOTAL SQ. | | | |
| PROTECTION CLASS: | | | |
| ALARM | Central Station <input type="checkbox"/> Local <input type="checkbox"/> None <input type="checkbox"/> | Central Station <input type="checkbox"/> Local <input type="checkbox"/> None <input type="checkbox"/> | Central Station <input type="checkbox"/> Local <input type="checkbox"/> None <input type="checkbox"/> |

Year of latest update for: Roof _____ Plumbing _____ Wiring _____
 Roof _____ Plumbing _____ Wiring _____
 Roof _____ Plumbing _____ Wiring _____

LIMITS & COVERAGES - PROPERTY

DEDUCTIBLES: BUILDINGS - \$ _____ BPP - \$ _____ BUSINESS INCOME - \$ _____
CAUSES OF LOSS: Basic Broad Special
VALUATION: A.C.V R.C. Market Value (Submit)

| LIMITS | | LOC. 1 | LOC. 2 | LOC. 3 |
|----------------------|-------------------------------|----------|----------|----------|
| BUILDING | %Coinsurance | \$ _____ | \$ _____ | \$ _____ |
| BPP | %Coinsurance | \$ _____ | \$ _____ | \$ _____ |
| BUS. INCOME | %Coin. or _____ Monthly Limit | \$ _____ | \$ _____ | \$ _____ |
| SIGNS (Describe): | | \$ _____ | \$ _____ | \$ _____ |
| TOTAL LIMITS: | | \$ _____ | \$ _____ | \$ _____ |

ADJACENT EXPOSURES:

| | RIGHT | LEFT | FRONT | REAR |
|--------|-------|------|-------|------|
| Loc. 1 | | | | |
| Loc. 2 | | | | |
| Loc. 3 | | | | |

PARTICIPATING COMPANIES:

| NAME OF COMPANY | % PARTICIPATION | LIMITS |
|-----------------|-----------------|--------|
| _____ | _____ | _____ |

LIMITS – GENERAL LIABILITY:

LIMITS OF LIABILITY REQUESTED:

GENERAL AGGREGATE: _____
 PRODUCTS & COMPLETED OPERATIONS AGGREGATE: _____
 PERSONAL & ADVERTISING INJURY: _____
 EACH OCCURRENCE: _____
 FIRE DAMAGE: _____
 MEDICAL PAYMENTS: _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS:

| NAME AND ADDRESS: | INTEREST | ADD'L INS'D. |
|-------------------|----------|--------------------------|
| _____ | | <input type="checkbox"/> |
| _____ | | <input type="checkbox"/> |
| _____ | | <input type="checkbox"/> |

PRIOR EXPERIENCE AND LOSSES

| PRIOR CARRIER | LIMITS | POLICY TERM | LOSS INFORMATION |
|---------------|--------|-------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain.

Witness _____

Date _____

Applicant's Signature _____