

Restaurant Application

Name Insured/Applicant: _____

Address: _____

1. Hours of Operation:
2. Total number of seats: Dining _____ Bar/Lounge _____
3. Average number of daily customers: Dining _____ Bar/Lounge _____
4. Does the restaurant close for more than 30 consecutive days?
5. Has owner/manager operated the restaurant for less 3 complete years?
If yes, describe prior experience:

Complete for Property Coverage

Number of Ranges - Deep Fryer: _____ Broiler: _____ Grills: _____ Ovens: _____ Other: _____
 Type of Fuel: Gas _____ Electric _____ Other _____
 Any table-side cooking.

Protection:

Type of System:	Dry Chemical	Wet Chemical	CO2	Other	
Automatic Fire Extinguishing System Provides Surface Protection for All Cooking Surfaces, e.g., Griddles, Ranges, Deep Fry & Broilers.				Yes	No
Metal hoods and Ducts Covering All Cooking Surfaces.				Yes	No
Hoods Equipped with Removable Filters or Grease Extractors Vented to Outside of Building.				Yes	No
All Cooking or Heating Devices Installed with Minimum 18 Inches Safe Clearances to Combustible Walls, Ceilings, etc.				Yes	No
Manual Pull for Extinguisher System Readily Accessible and Clearly Identified.				Yes	No
All Gas Fired Cooking Equipment and Electric Deep Fat Fryers Equipped with Automatic Fuel Shut Off.				Yes	No
All Deep Fat Fryers Equipped with Thermostat with Automatic Fuel Shutoff if Temperature Exceeds 475.				Yes	No
Portable Fire Extinguishers in Kitchen Area.				Yes	No

Number: _____

Burglar Alarm: _____ Type: _____ Manufacturer: _____

Maintenance/Cleaning:

Hoods and Ducts Cleaned as Necessary by Outside Firm Under Contract	Yes	No
Name of Firm:		
Cleaning Schedule: Monthly _____ Quarterly _____ Semi-Annual _____		
Cooking Equipment, Shelves, Floors, Walls, etc. Grease-Free	Yes	No
Automatic Extinguishing System Serviced No Less Than Every 6 Months:	Yes	No
Service Interval:		

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Wind/Flood Exposures:

Distance from ocean, gulf, bay, intracoastal waterways, river, or other body of water:

Identify body of water:

Is risk on an island? Yes No
Is risk in a wind pool area?
Is risk in a flood zone? Yes No

Other Hazards:

Is the actual age of the building greater than 10 Years old? Yes No

If yes, describe updates to the roof, electrical, plumbing, HVAC:

Good housekeeping and maintenance throughout kitchen area. Yes No

Describe Unusual Conditions (e.g. playground facilities, unusual interior decorations, seasonal operations, wood burning stove or fireplace):

Complete for General Liability Coverage

Classification and Rating Information:

What is the percentage of liquor sales to total sales?

Does the restaurant have a dance floor? Yes No

If yes, size in square feet: Number of evenings/week with dancing?

Type of music:

Does the restaurant provide off-premises catering services? Yes No

If Yes, annual sales: \$

Off-premises catering sales are what % of total restaurant sales?

Does the restaurant have an on-premises banquet facility? If yes, annual banquet sales:
\$

Does the restaurant offer delivery service? If yes, describe:

Does the restaurant have electronic or video games or large screen TVs? If yes,
describe:

Does the restaurant sell food or condiments manufactured under the its own label? If yes,
give annual sales and describe products: Annual Sales \$_____ Products:

Does the restaurant have live entertainment? If Yes, describe:

Sales:

Indicate the following information for the upcoming and past three years:

	Total Sales	Food	Liquor	Other
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Next 12 Months

Past 12 Months

Prior 12 Months

Prior 12 Months

If applicable, describe "Other":

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Floor Transitions: (Check the most appropriate description.)

- a. Level (no stairs or changes in floor transitions)
- b. One transition of 1 or 2 steps
- c. Two to four transitions of 1 or 2 steps
- d. Five or more transitions of 1 or 2 steps
- e. Two or more floors

Parking Lot:

Is parking lot owned by applicant?

If parking lot is not owned by applicant, is applicant responsible for maintenance of the parking lot?

If answer to both of the above questions is “no,” does applicant indemnify (through the lease agreement) the entity which owns or maintains the parking lot or will such entity be an insured under the applicant’s general liability insurance?

Management Experience: (Check the most appropriate description.)

Note: “Management” refers to the individual responsible for day-to-day operations of the restaurant

(i.e., active owner/manager or employed restaurant manager.)

- a. Same management for more than 9 years.
- b. Same management for 5 to 9 years.
- c. Same management for 3 or 4 years.
- d. Same management for less than 3 years.
- e. New venture and no previous restaurant management experience.

Customer Incident/Complaint Handling: (Check the appropriate description.)

- a. Waitpersons are trained in proactive customer incident/complaint management procedures
- b. Proactive – provides complimentary meals and offers to pay for dry cleaning and first aid expenses.
- c. Customer incident/complaint handling is not discussed with wait staff.
- d. Wait staff instructed to take passive response to customer incidents or complaints.

Health Department Rating: (Check the latest applicable rating.)

- a. “A” or equivalent grade
- b. “B” or equivalent grade
- c. “C” or equivalent grade
- d. “D” or below

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Experience of Head Chef: (Check the most appropriate description.) Applicable to full service restaurants only.

- a. More than four years prior experience as head chef.
- b. Two to four years prior experience as head chef.
- c. Five years prior commercial culinary experience.
- d. Two to four years prior commercial culinary experience.
- e. Less than two years prior commercial culinary experience.

Age of Refrigeration and Freezing Equipment: (Check the most appropriate description.)

- a. Less than 3 years old or renovated in past 3 years.
- b. 3 to 7 years old or renovated in past 3 to 7 years.
- c. 7 to 12 years old or renovated in past 7 to 12 years.
- d. 13 to 15 years old or renovated in past 13 to 15 years.
- e. Over 15 years old and more than 15 years since last renovation.

Maintenance of Refrigeration and Freezing Equipment: (Check the most appropriate description.)

- a. Quarterly cleaning and preventive maintenance.
- b. Semi-annual cleaning and preventive maintenance.
- c. Annual cleaning and preventive maintenance.
- d. Less than annual cleaning and preventive maintenance.

Valet Parking:

Does the restaurant offer valet parking?

If yes, is valet parking performed by the restaurant's employees?

Does the restaurant check the driving records of valet parking attendants?

RESPOND TO THE FOLLOWING IF VALET PARKING IS PERFORMED BY AN OUTSIDE FIRM:

Does outside firm have insurance coverage in force to cover liability arising out of valet parking including physical damage to customers' autos?

Is restaurant owner included as an insured under the outside firm's garage and garage keepers insurance?

Complete for Liquor Liability Coverage

Name of Insured/Applicant:

Desired Limit of Insurance:

\$300,000 \$500,000 \$1,000,000 Other

Eff Date: Liquor License #: Type: Beer & Wine Full Liquor

Special Promotions/Drinks:

Any special consumption promotions such as ladies night, 2 for 1's, etc.?

If Yes, describe:

Do you serve any flaming drinks?

If Yes, describe:

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Annual Receipts:

	On-Premises Consumption	Off-Premises Consumption	On Premises Liquor Sales	Food Sales	Total Sales
Estimated Next 12 Months					
Actual Past 12 Months					

Drink Prices: Cocktails: \$ to \$ Beer: \$ to \$ Wine: \$ to \$

Off Premises: Do you dispense or provide alcoholic beverages for off-premises events?

Violations of Liquor Laws:

Has applicant, any owner, partner, officer of licensee ever had a liquor license revoked or suspended?

If Yes, explain:

Have the authorities been called to your premises for any reason during the past five years?

If yes, explain:

Training or Guidance Provided Servers:

Is any training or guidance provided for servers in the handling of minors or intoxicated customers?

If Yes, give details:

Does insured have written guidelines for handling minors and intoxicated customers?

If No, what percentage have training?

Are customers served without checking ID?

Does insured have written guidelines for checking ID?

Does insured employ a "bouncer"?

Liquor Liability Insurance:

Does applicant currently carry Liquor Liability Insurance?

If Yes, give the following information:

Name of Carrier: Limit of Liability:

Policy Type: Occurrence Form Claims Made Form

Has the applicant had Liquor Liability insurance coverage denied, canceled or non-renewed during the

last three years?

If Yes, give details:

Is the applicant aware of any past incident that may give rise to a claim?

If Yes, give details (include amounts):

Applicant Signature/Date