



## Restaurant Supplement

### General Information

1) Nature of Operations:

Restaurant: \_\_\_\_\_ Sports Bar: \_\_\_\_\_ Neighborhood Bar: \_\_\_\_\_

Club: \_\_\_\_\_ Night Club: \_\_\_\_\_

Adult Entertainment: \_\_\_\_\_

2) Receipts:

Food: \$ \_\_\_\_\_

Liquor: \$ \_\_\_\_\_

Catering: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

3) Hours of Operation:

Monday to Thursday: \_\_\_\_\_

Friday to Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

4) Location:

Commercial: \_\_\_\_\_ Residential: \_\_\_\_\_ Urban: \_\_\_\_\_

Rural: \_\_\_\_\_

5) Clientele:

Family: \_\_\_\_\_ Business: \_\_\_\_\_ Tourists: \_\_\_\_\_

Neighborhood: \_\_\_\_\_ Students: \_\_\_\_\_

6) Amusement Devices:

Pool Tables: \_\_\_\_\_ Video Games: \_\_\_\_\_ Darts: \_\_\_\_\_

Other ( describe ): \_\_\_\_\_

\_\_\_\_\_

7) Sponsor athletic teams: No: \_\_\_\_\_ Yes ( describe): \_\_\_\_\_

\_\_\_\_\_

8) Dance Floor: No: \_\_\_\_\_ Yes: \_\_\_\_\_

If yes, dimensions: \_\_\_\_\_

9) Entertainment: No: \_\_\_\_\_ Yes: \_\_\_\_\_

If yes, how often: \_\_\_\_\_

What kind of music:

Jazz: \_\_\_\_\_ Country: \_\_\_\_\_ Rock: \_\_\_\_\_ Other: \_\_\_\_\_

What Kind of entertainment:

Musician: \_\_\_\_\_ D.J. \_\_\_\_\_ Dancers: \_\_\_\_\_

Jukebox: \_\_\_\_\_ Band: \_\_\_\_\_ Comedian: \_\_\_\_\_

10) Are their any firearms on premises: Yes: \_\_\_\_\_ No: \_\_\_\_\_

11) Are their bouncers used: No: \_\_\_\_\_ Yes ( if yes, explain ): \_\_\_\_\_

\_\_\_\_\_

12) Are bouncers armed? \_\_\_\_\_

13) Is staff trained on proper procedures to remove patrons? \_\_\_\_\_

14) Is there a training program in place? \_\_\_\_\_

15) Does the staff constantly check floor and common areas for trip/fall hazards such as food on the floor? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Kitchen Exposure:**

1) Cooking Equipment:

Range: \_\_\_\_\_ Oven: \_\_\_\_\_ Grill: \_\_\_\_\_

Open-Hearth Broilers: \_\_\_\_\_ Deep Fat Fryers: \_\_\_\_\_

2) Is there an Ansul system in place over all cooking areas? Yes: \_\_\_ No: \_\_\_

How often are the hoods & ducts cleaned by the insured: \_\_\_\_\_

3) Are the hoods & ducts cleaned by a qualified outside contractor and if so, how often are they cleaned? \_\_\_\_\_

**Other General Information:**

1) Has the insured ever had their liquor license revoked or suspended? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) How many years experience does this insured have owning/managing a restaurant? \_\_\_\_\_  
\_\_\_\_\_

3) Does the insured own other restaurants or businesses not shown on the general application and if so, please detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Any promotional events? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXPIRING PREMIUM ( excluding liquor liability ): \_\_\_\_\_

EXPIRING DEDUCTIBLE: \_\_\_\_\_

EXPIRING CARRIER: \_\_\_\_\_

**IF BOUND, WE REQUIRE THIS SECTION TO BE COMPLETED BY THE BROKER ON EACH ACCOUNT! THIS MUST BE DONE PRIOR TO OR AT BINDING!**

**RESIDENT OR NON-RESIDENT SURPLUS LINES LICENSEE INFORMATION FOR APPLICANT'S STATE OF DOMICILE:**

*Surplus license state*

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*Surplus license #*

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*Surplus license expiration date*

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*Surplus licensee name*

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*Affiliation with producer ( e.g., owner, executive officer, employee)*

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*Surplus lines agency name (if entity license)*

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