



RESTAURANT APPLICATION

All Questions Must Be Answered

Please Use a Separate Application for Each Location

Full Name of Applicant _____

Address of Applicant _____ City _____

County _____ State _____ Zip Code _____

Mailing Address (If Different) _____

Owners Name (Principal) _____ SS # _____

Home Address _____

Home Phone # _____ Business Phone # _____

Effective Date _____ Current Company _____ Current Premium \$ _____

Any policy or coverage declined, cancelled or non-renewed during three prior years? Yes No

(not applicable in Missouri)

Business Information

Applicant is a: Corporation Partnership Individual Other: _____

Applicant is a: Restaurant Diner Tavern Night Club Banquet Hall

Fine Dining Other (Please Specify) _____

of Years at this Location _____ # of years in Restaurant Business _____

If less than 3 years at this Location, list previous experience _____

Building Owner: Name _____

Address _____

Include Building Owner as Named Insured as interest may appear? Yes No

Financial Information

Is Owner or Corporation now or ever involved in: Bankruptcies Foreclosures

Tax Liens Business Failures Any Litigations

If Yes, Please Explain _____

Additional Interests

Mortgagee and Address _____

Check if None _____

Additional Insureds _____

Check if None _____

Loss Payees _____

Check if None _____



RESTAURANT APPLICATION

Page 2

Property Section

Building Limit _____ Co-Ins % _____ ACV R/C Deductible _____

Contents Limit _____ Co-Ins % _____ ACV R/C Deductible _____

Business Income Limit _____ Contribution or Co-Ins % _____ Deductible _____

Cause of Loss: Basic Special Special with Theft on contents Only

Business Income with Extra Expense Yes No If not answered, will be Rated without

Loss of Rents Limit _____ Co-Ins % _____ Cause of Loss _____ Deductible _____

Sign Limit _____ Type _____ Wording _____ Deductible _____

Glass Coverage Needed Yes No If "Yes," provide value \$ _____

Crime Coverage Form C Limit _____ Deductible _____

Employee Dishonesty Limit _____ Deductible _____

Other Property Coverages _____

Multiple Occupancies? Yes No If so, List _____

Liability Section

General Liability Limit _____ Aggregate _____

Liquor Liability Limit _____ Aggregate _____

Receipts: Food _____ Liquor _____ Other _____ Total _____

Square Footage: Total Building _____ Restaurant _____ Apts _____ # Apts _____

Off Premise Parking: Yes No If "Yes", list address and square footage _____

On or Off Premise Catering / Banquet Yes No If "Yes", % of total Receipts _____ %

Describe Catering Operation: _____

Lodging Operations Other than Apartments Yes No

If "Yes", Describe: _____

Any Other On or Off Premise Exposures NOT Listed Above Yes No

If "Yes", Describe: _____

Non-Owned Automobile Yes No

If "Yes", No of Employees: _____ Any Delivery Use? Yes No

Valet Parking Yes No

If "Yes", Is Garage Keeper Liability Required Yes No

If "Yes", Limit _____ Deductible _____

Any elevators, Stairs on Premises? Yes No

Any Tableside Cooking? Yes No



RESTAURANT APPLICATION

Page 3

Liquor Legal Liability Section

Does Applicant Serve Alcohol Yes No If "Yes", Entire Section MUST be Completed

Does Applicant Have Liquor License Yes No If "Yes", Type and # _____

Does Applicant Sell Package Goods Yes No If "Yes", % of Liquor Receipts _____ %

of Bartenders _____ # of Waiters/Waitresses _____ Avg Length of Employment _____

Are Employees Given Liquor: Training Yes No If "Yes", Explain Type and When Trained _____

Does Applicant Have Written Policy on Serving Alcohol for Employees & Customers Yes No

Is Management Notified Prior to Shutting Off Patrons Yes No

Is Documentation Kept on Incidents Yes No Service Bar Only Yes No

of Bars on Premises _____ Is There a Steady Bar Clientele Yes No

Is There a Happy Hour Yes No Reduced Price Drinks Yes No

Is a Last Call Given Yes No If "Yes", What Time _____

Are Shots Given Yes No Shots Specials / Shooter Girls Yes No

Have There Been Any Liquor Board Violations Yes No If "Yes", List ALL Violations: _____

Entertainment Section

Entertainment Yes No If "Yes", ENTIRE Section MUST be Completed

Nights of Week Fri Sat Other _____ Age of Clientele _____

Type of Entertainment Rock Group DJ Band (Any Kind) Go-Go

Other (Please Describe): _____

Does a Dance Floor Exist Yes No If Yes, Sq. Footage _____

Is Dancing Permitted Yes No

Bouncers or Doormen Yes No If "Yes", Explain Why: _____

Amusement Devices (Pool Tables, Video Games, etc) Yes No

If "Yes", # and Description: _____

Claims Section

List ALL Claims for Each Section for the Past 5 Years, By Year (If none, NONE must be stated, by Year)

Property Claims _____

General Liability Claims _____

Liquor Liability Claims _____

Umbrella Claims _____



RESTAURANT APPLICATION

Page 4

Umbrella Section

Limit Requested _____

Business Auto Carrier _____ Policy # _____ Premium _____

Total # of Vehicles _____ # Private Passenger _____ # Commercial _____ Limit _____

Employers Liability Carrier _____ Policy # _____ Limit _____

Operations Section

Is Applicant Open Now Yes No If "No", Explain: _____

Hours of Operation From _____ to _____ # of Days per Week _____

Is Applicant a Seasonal Operation Yes No If "Yes", Explain: _____

Distance to Ocean or Nearest Body of Water _____

Physical Plant Section

Age of Building _____ Construction _____ # of Stories _____

Age of: Wiring _____ Plumbing _____ Heating _____ Roofing _____

Smoke Detectors Yes No If "Yes", Electric Battery Power

Fire Alarm Yes No If "Yes", Type _____

Burglar Alarm Yes No If "Yes", Type _____

Sprinkler System Yes No If "Yes", Age _____ Type _____

Kitchen Fire Protection:

U.L 300 Wet Chemical Extinguishing System Serviced every 6 mos. Yes No

Above System Covering All Cooking Surfaces Yes No

Name of System _____

Automatic Gas or Electric Shut Offs for Cooking Yes No

Hood and Filters Cleaned Weekly By Staff Yes No

BC Extinguisher Available in Kitchen Yes No

Hoods and Ducts Over All Cooking Equipment Yes No

Hoods and Ducts Maintenance Contract Schedule _____ # Month _____

The signing of this application does not bind the Applicant nor any company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the acceptance of a contract. It is therefore the warranty of the undersigned that the information contained herein is true and correct, and it is hereby understood that the policy will be warranted based on this information. It is further understood that any person who knowingly and with the 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Insured's Signature _____ Date _____

(Must Be Signed by Insured to Bind)

Agent _____ Salesperson _____

Address _____ Phone # _____

_____ FAX # _____

E-Mail _____