

RESTAURANT SUPPLEMENTAL

Restaurant Name: _____

Address: _____

- 1) Owner's Restaurant Experience: _____ Years (total) _____ Years (this location)
- 2) The owner is: ___Manager ___Cook ___Investor ___Other _____
- 3) Did any prior carrier: ___Cancel ___Non-Renew? If so, explain _____
- 4) Restaurant is: ___Fast Food ___Table Service ___Other _____
- 5) Hours Open: _____ to _____
- 6) Building Construction: ___Frame/Stucco ___Masonry ___Other _____
- 7) Roof Construction: ___Tile/Composition ___Wood/Shake ___Other _____
- 8) Building Age: _____ Years
- 9) If over 25 years, when was building wiring/plumbing brought up to code? _____
- 10) Building Sprinklered? ___Yes ___No ___Fully ___Partially: Explain _____
- 11) Burglar Alarm? ___Yes ___No ___Local ___Central
- 12) Parking Lot: ___Owned/Occupied by Insured ___Shared with Shopping Center ___Valet Parking
 ___Other; please explain _____
- 13) Immediate Neighbors: Left _____ Distance Apart: _____
 a. Right _____ Distance Apart: _____
 b. Rear _____ Distance Apart: _____
- 14) Are there residents (e.g. apartments) in this building? ___Yes ___No
- 15) Total Restaurant Area: _____ Customer Area: _____
- 16) Restaurant has: ___Full Bar ___Beer/Wine ___None
- 17) Entertainment: ___None ___Yes, describe _____
- 18) Any Dancing: ___None ___Yes, describe _____
- 19) Annual Gross Receipts: \$ _____ (Food \$ _____; Liquor \$ _____)
- 20) Will restaurant be closed for remodeling/building construction during policy period? ___No
 ___Yes, explain _____
- 21) Any cooking at tables? ___No ___Yes, explain _____
- 22) Any outside catering? ___No ___Yes, if yes, what percentage? _____
- 23) Are customers allowed access to kitchen facilities? ___No ___Yes, if yes, please explain

- 24) Is there an automatic suppression system (such as Ansul, Kidde or other) with an automatic fuel cut off protecting all cooking areas? No Yes
- b) Name of installing/service company: _____
- c) Does the insured maintain a contract with a professional flue cleaning service?
- i. No Yes
- d) Are hoods and ducts cleaned at least every three (3) months? No Yes
- 25) Are the fire extinguishers serviced and recharged every 12 months? No Yes
- 26) Date last serviced and recharged _____
- 27) Number of extinguishers: In cooking area _____ BC Type _____
- b) In Customer area _____ BC Type _____

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

Signature of Applicant _____ Date _____

Signature of Producing Agent _____ Date _____