

# RESTAURANTS SUPPLEMENTAL APPLICATION

Named Insured	Agent	Date

	Yes	No
1. Has the business been in operation at the same location for at least 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is this a franchise-type restaurant? If yes, years in business under same management? _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the cooking exposure have:		
• Wet chemical or UL 300 Automatic Extinguishing System (AES) in place?	<input type="checkbox"/>	<input type="checkbox"/>
• Automatic fuel shut-off?	<input type="checkbox"/>	<input type="checkbox"/>
• AES maintenance contract every 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
• Hood and duct independent maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
• Manual pull in exit path?	<input type="checkbox"/>	<input type="checkbox"/>
• High limit control on deep fat fryer?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any banquet or catering operations? If yes, receipts \$_____	<input type="checkbox"/>	<input type="checkbox"/>
5. Any entertainment provided? If so, please describe _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there any delivery? If yes, whose vehicles are used? Employee's vehicle <input type="checkbox"/> Insured's vehicle <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the business seasonal?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there any table side cooking?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are 50% or more of the menu items deep fat fried?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are there any playgrounds or other recreational activities? If yes, please describe. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

## OPTIONAL COVERAGE:

11. Is Liquor Law Liability requested? If yes, please complete the following a.- e.	<input type="checkbox"/>	<input type="checkbox"/>
a. Annual receipts from the sale of alcoholic beverages? \$_____		

- |    |                                                                                                                                                                                                                                                                                                                                 | Yes                      | No                       |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|    |                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | Has the license ever been revoked or suspended?<br>If yes, explain                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | Has management provided a written procedure or any formal training to employees to avoid selling liquor to intoxicated persons? If yes, attach written procedure and describe formal training including Training of Intervention Procedures by Servers (TIPS) or a comparable program, ID/age identification and drink cut-off. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | Are there any special programs with respect to reducing loss potential from drivers who have been drinking (such as offering free non-alcoholic drinks or free rides home)? If yes, describe                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | Are there any inducements to attract customers to the premises (such as "happy hour," "two-for-one" or "ladies nights," amusement devices or live entertainment)? If yes, describe.                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |

**ADDITIONAL COMMENTS:**