



RESTAURANT, BAR & TAVERN SUPPLEMENTAL APPLICATION

First Named Insured \_\_\_\_\_

GENERAL INFORMATION

- 1. Type of business: [ ] \*Restaurant [ ] Night Club [ ] Banquet Facility [ ] Bar/Lounge [ ] Cafeteria [ ] Pool Hall/Billiard Parlor [ ] Private Club [ ] Sports Bar [ ] Bottle Club [ ] Other \_\_\_\_\_

\*To be classified as a restaurant, the liquor sales must be less than 35% of total receipts.

- 2. Do you serve alcoholic beverages? [ ] Yes [ ] No
If yes: Food sales \$\_\_\_\_\_ Beer, wine, liquor sales \$\_\_\_\_\_ Total sales \$\_\_\_\_\_
Percent of total sales of alcohol \_\_\_\_\_ %
Do you have a liquor liability insurance policy? [ ] Yes [ ] No
Do you have a happy hour? [ ] Yes [ ] No
Are there written and enforced policies for intoxicated customers? [ ] Yes [ ] No
Are your bartenders and wait staff required to complete TIPS training? [ ] Yes [ ] No
3. Management's years of experience \_\_\_\_\_
4. Clientele age: [ ] 18 - 25 [ ] 25 - 35 [ ] Over 35 years [ ] Over 50 years
5. Clientele origins: [ ] Local Residents [ ] College [ ] Families [ ] Transient
6. Is your building located or built on a wharf, pier, beach, dock, or on pilings? [ ] Yes [ ] No
7. Number of occupants licensed for \_\_\_\_\_
8. Do you cater? [ ] Yes [ ] No Sales \$\_\_\_\_\_

ENTERTAINMENT

- 1. Live entertainment? [ ] Yes [ ] No
If yes, describe (include type and frequency). \_\_\_\_\_
2. Dance floor? [ ] Yes [ ] No
If yes, describe (include square footage, raised or sunken, and lighting). \_\_\_\_\_
3. Games or sports? [ ] Yes [ ] No
If yes, describe including the number of each game (i.e. darts, shuffle board, basketball hoops, pin ball, pool, volleyball, etc.) \_\_\_\_\_
4. Describe any of the following:
a. Special events on or off premises. \_\_\_\_\_
b. Teams/activities/events that you sponsor. \_\_\_\_\_
c. Mechanical amusement devices or other patron participating activities on the premises. \_\_\_\_\_
d. Playrooms or playgrounds on premises. \_\_\_\_\_
5. Is your property vacant, undergoing renovations, deteriorating or involved in foreclosure? [ ] Yes [ ] No
If yes, explain. \_\_\_\_\_

**SECURITY**

- 1. Days Open \_\_\_\_\_ Business Hours \_\_\_\_\_
- 2. Is the insured/manager on duty during all open hours?  Yes  No  
If no, explain. \_\_\_\_\_
- 3. Do you employ "bouncers" or other security personnel?  Yes  No
- 4. Are firearms allowed?  Yes  No

**PROPERTY COVERAGE INFORMATION**

- 1. Distance from nearest:
  - a. Responding Fire Station \_\_\_\_\_
  - b. Fire Hydrant feet \_\_\_\_\_
- 2. Fire Extinguishers:
  - a. How many? \_\_\_\_\_
  - b. Serviced & Tagged within the past year?  Yes  No
- 3. Smoke Detectors  Yes  No
- 4. Last renovation date for:
  - a. Heating system \_\_\_\_\_
  - b. Electrical system \_\_\_\_\_
  - c. Roof Age/Condition \_\_\_\_\_

**COOKING HAZARDS**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Is any type of cooking, other than microwave cooking, done on premises?          | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. UL approved auto extinguishing system over ALL cooking surfaces and deep fryers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Semi-annual service contract for auto extinguishing system?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Automatic gas or electric shut-off for cooking with manual pull?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are hoods and ducts equipped with filters?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are filters cleaned at a MINIMUM of every six months?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are hoods and ducts cleaned at a MINIMUM of every six months?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are portable fire extinguishers mounted and accessible to cooking areas?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there tableside cooking or open pit barbecues?                                | <input type="checkbox"/> | <input type="checkbox"/> |

**GENERAL LIABILITY INFORMATION**

- 1. Area of: \_\_\_\_\_ Premises square feet \_\_\_\_\_ Parking Lot square feet
- 2. Number of Employees: Managers Bartenders Wait Staff
- 3. Floor covering of areas open to public:  Wood  Linoleum  Tile  Carpet  Other\_
- 4. Surface of parking lot:  Gravel  Concrete  Asphalt  No parking  Other
- 5. Number of exits \_\_\_\_\_
 

	Yes	No
a. Are all exits marked with exit signs?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are all exits equipped with panic door hardware?	<input type="checkbox"/>	<input type="checkbox"/>
If no, are all exits kept unlocked during business hours?	<input type="checkbox"/>	<input type="checkbox"/>
- 6. Is there emergency lighting?  Yes  No