



RESTAURANT, BAR & TAVERN SUPPLEMENTAL APPLICATION

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

GENERAL INFORMATION

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

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

- 2. Are you licensed to serve alcoholic beverages? [ ] Yes [ ] No
If yes: Food sales \$ \_\_\_\_\_ Beer, wine, liquor sales \$ \_\_\_\_\_ Total sales \$ \_\_\_\_\_
Percent of total sales of alcohol \_\_\_\_\_% Yes No
Do you have a liquor liability insurance policy? [ ] [ ]
Do you have a happy hour? [ ] [ ]
Are there written and enforced policies for intoxicated customers? [ ] [ ]
Are your bartenders and wait staff required to complete TIPS training? [ ] [ ]

- 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**

- |                                                                                     | <b>Yes</b>               | <b>No</b>                |
|-------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 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 \_\_\_\_\_
 

	<b>Yes</b>	<b>No</b>
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