



RESTAURANT APPLICATION

- 1. Name (Applicant): Date:
2. Address: County:
3. Mailing Address (if different): City: State: Zip Code: Website:
4. Owners Name (Principal): SS#:
Home Address:
Home Phone #: Business Phone #:
5. Effective Date: Current Company: Current Premium:

BUSINESS INFORMATION

- 6. Applicant is a (check one): [ ] Corporation [ ] Partnership [ ] Individual [ ] Other
7. Applicant is a (check one): [ ] Restaurant [ ] Diner [ ] Tavern [ ] Night Club [ ] Banquet Hall [ ] Fine Dining
[ ] Other
8. # of years at this location: # of years in Restaurant Business:
9. If less than 3 years at this Location, list previous experience
10. Building Owner Name:
Address:
Include Building Owner as Name Insured as interest may appear? [ ] Yes [ ] No

FINANCIAL INFORMATION

- 11. If Owner or Corporation now or ever involved in: [ ] Bankruptcies [ ] Foreclosures [ ] Tax Liens [ ] Business failure [ ] Any Litigations
If Yes, Please explain:

ADDITONAL INTERESTS

- 12. Mortgagee and Address:
13. Additional Insured:
14. Loss Payees:



**PROPERTY SECTION**

15. Building Limit: \_\_\_\_\_ Co-Ins%: \_\_\_\_\_ ACV: \_\_\_\_\_ R/C: \_\_\_\_\_ Deductible: \_\_\_\_\_  
 16. Contents Limit: \_\_\_\_\_ Co-Ins%: \_\_\_\_\_ ACV: \_\_\_\_\_ R/C: \_\_\_\_\_ Deductible: \_\_\_\_\_  
 17. Business Income Limit: \_\_\_\_\_ Contribution or Co-Ins%: \_\_\_\_\_ Deductible: \_\_\_\_\_  
 18. Business Income ALS:  Yes  No If yes, Business Income Worksheet MUST be completed

**\*\*\* Please Note: If Worksheet is not completed and signed, ALS will not be quoted\*\*\***

19. Cause of Loss:  Basic  Special  Special with Theft on Contents Only  
 20. Business Income with Extra Expense:  Yes  No If not answered, will be Rated without  
 21. Loss of Rents Limit: \_\_\_\_\_ Co-Ins%: \_\_\_\_\_ Cause of Loss: \_\_\_\_\_ Deductible: \_\_\_\_\_  
 22. Sign Limit: \_\_\_\_\_ Type: \_\_\_\_\_ Wording: \_\_\_\_\_ Deductible: \_\_\_\_\_  
 23. Glass Coverage Needed:  Yes  No If yes, provide value \$ \_\_\_\_\_  
 24. Crime Coverage Needed Form C Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_  
 25. Employee Dishonesty Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_  
 26. Other Property Coverage's: \_\_\_\_\_  
 27. Multiple Occupations? \_\_\_\_\_ If so, List: \_\_\_\_\_

**LIABILITY SECTION**

28. General Liability Limit: \_\_\_\_\_ Aggregate: \_\_\_\_\_  
 29. Liquor Liability Limit: \_\_\_\_\_ Aggregate: \_\_\_\_\_  
 30. Receipts: Food \_\_\_\_\_ Liquor \_\_\_\_\_ Other \_\_\_\_\_ Total \_\_\_\_\_  
 31. Square Footage: Total Building \_\_\_\_\_ Restaurant \_\_\_\_\_ Apts. \_\_\_\_\_ # Apts. \_\_\_\_\_  
 32. Off Premise Parking:  Yes  No If yes, list address and square footage: \_\_\_\_\_  
 33. On or Off Premise Catering/Banquet:  Yes  No If yes, % total receipts: \_\_\_\_\_% Describe catering operation: \_\_\_\_\_  
 34. Lodging Operations Other than Apartments:  Yes  No If yes, Describe: \_\_\_\_\_  
 35. Any Other On or Off Premise Exposures NOT Listed Above:  Yes  No If yes, Describe: \_\_\_\_\_  
 36. Non- Owned Automobile:  Yes  No If yes, No. of Employees \_\_\_\_\_ Any delivery use? \_\_\_\_\_  
 37. Valet Parking:  Yes  No If yes, is Garage Keeper Liability Required?  Yes  No If yes, Limit \_\_\_\_\_  
 38. Any Elevators, Stairs on Premises:  Yes  No Any Tableside Cooking:  Yes  No

**LIQUOR LEGAL LIABILITY SECTION**

39. Does Applicant Serve Alcohol:  Yes  No If yes, Entire Section MUST be Completed  
 40. Does Applicant have Liquor License:  Yes  No If yes, Type and # \_\_\_\_\_  
 41. Does Applicant Sell Package Goods:  Yes  No If yes, % of Liquor Receipts \_\_\_\_\_%  
 42. # of Bartenders \_\_\_\_\_ # of Waiters/Waitresses \_\_\_\_\_ AVG Length of Employment \_\_\_\_\_  
 43. Are Employees given Liquor Training:  Yes  No If yes, explain type and when trained \_\_\_\_\_  
 44. Does Applicant have written policy on Serving Alcohol for Employees & Customers:  Yes  No  
 45. Is Management notified prior to shutting off patrons:  Yes  No  
 46. Is documentation kept on incidents:  Yes  No Service Bar only:  Yes  No  
 47. # of Bars on Premises \_\_\_\_\_ Is there steady bar clientele  Yes  No  
 48. Is there a Happy Hour:  Yes  No Reduced Price Drinks:  Yes  No  
 49. Is a Last Call given:  Yes  No If yes, what time? \_\_\_\_\_  
 50. Are Shots Given:  Yes  No Shots specials/ Shooter Girls:  Yes  No  
 51. Have there been any liquor board violations:  Yes  No If yes, list ALL violations: \_\_\_\_\_

**ENTERTAINMENT SECTION**

52. Entertainment:  Yes  No If yes, ENTIRE Section must be completed
53. Nights of the week: Fri \_\_\_\_\_ Sat \_\_\_\_\_ Other \_\_\_\_\_ Age of Clientele \_\_\_\_\_
54. Type of Entertainment: Rock Group \_\_\_\_\_ DJ \_\_\_\_\_ Band (any kind) \_\_\_\_\_ GO-GO \_\_\_\_\_  
Other (please describe) \_\_\_\_\_
55. Does a Dance Floor Exist:  Yes SQ. Footage \_\_\_\_\_  No Is dance permitted  Yes  No
56. Bouncers or Doormen:  Yes  No If yes, explain why \_\_\_\_\_
57. Amusement device (Pool tables, Video Games, etc)  Yes  No If yes, # \_\_\_\_\_ Description: \_\_\_\_\_

**CLAIMS SECTION**

58. 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: \_\_\_\_\_  
\_\_\_\_\_

**UMBRELLA SECTION**

59. Limit Requested: \_\_\_\_\_
60. Business Auto Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_ Premium: \_\_\_\_\_
61. Total # of Vehicles \_\_\_\_\_ # Private Passenger \_\_\_\_\_ # Commercial \_\_\_\_\_ Limit \_\_\_\_\_
62. Employers Liability Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_ Limit \_\_\_\_\_

**OPERATIONS SECTION**

63. Is Applicant Open Now:  Yes  No If no, Explain \_\_\_\_\_
64. Hours of Operation: From \_\_\_\_\_ To \_\_\_\_\_ # of days per week: \_\_\_\_\_
65. Is Applicant a Seasonal Operation:  Yes  No If yes, Explain \_\_\_\_\_
66. Distance to Ocean or Nearest body of water: \_\_\_\_\_

**PHYSICAL PLANT SECTION**

67. Age of Building: \_\_\_\_\_ Construction: \_\_\_\_\_ # of Stories: \_\_\_\_\_
68. Age of: Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Roofing \_\_\_\_\_
69. Smoke Detectors:  Yes  No If yes: Electric \_\_\_\_\_ Batter Power \_\_\_\_\_
70. Fire Alarm:  Yes  No If yes, Type \_\_\_\_\_
71. Burglar System:  Yes  No If yes, Type \_\_\_\_\_
72. Sprinkler System  Yes  No If yes, Age \_\_\_\_\_ Type \_\_\_\_\_
73. Kitchen Fire Protection :
- |   |            |           |
|---|------------|-----------|
| U.L Approved Automatic Extinguishing System under Semiannual Contract | <u>Yes</u> | <u>No</u> |
| Above System Covering All Cooking Surfaces                            | _____      | _____     |

475 PARK AVENUE SOUTH 17<sup>TH</sup> FLOOR  
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Name of System \_\_\_\_\_  
 Automatic Gas or Electric Shut Offs for Cooking \_\_\_\_\_  
 Hoods and Ducts over all Cooking Equipment \_\_\_\_\_  
 Hoods and Ducts Maintenance Contract Schedule # Month \_\_\_\_\_

The signing of this application does not bind the Applicant or any company to compete 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 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 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: \_\_\_\_\_

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