

## Advanced E & S Restaurant Supplemental Application

Insured \_\_\_\_\_ Inception Date \_\_\_\_\_

### Business and Financial Information

1. Experience: Number of years in restaurant management \_\_\_\_\_ At this location \_\_\_\_\_
2. Does owner operate and manage this restaurant? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Total number of employees \_\_\_\_\_ Total square footage of risk \_\_\_\_\_
4. Is insured presently in Chapter 11, bankruptcy or contemplating bankruptcy filing? \_\_\_\_\_
5. Food sales \_\_\_\_\_ Catering \_\_\_\_\_ Take Out \_\_\_\_\_ Other \_\_\_\_\_  
Alcoholic beverage sales for on-premises consumption \_\_\_\_\_  
Alcoholic beverage sales – carry out \_\_\_\_\_
6. Public area \_\_\_\_\_ Seating Capacity(occupancy permit) \_\_\_\_\_

### General Information

7. What type of restaurant? \_\_\_\_\_ Sports Bar \_\_\_\_\_ Other \_\_\_\_\_  
Average price of entrée \_\_\_\_\_ Separate wine list? \_\_\_\_\_
8. Does this restaurant serve raw shellfish? \_\_\_\_\_ Does menu contain a disclaimer? \_\_\_\_\_
9. Do you provide delivery service? \_\_\_\_\_
10. Dance floor? \_\_\_\_\_ Square foot area \_\_\_\_\_
11. Do you employ bouncers or security guards? \_\_\_\_\_ If so, are they armed? \_\_\_\_\_
12. Tableside cooking? \_\_\_\_\_ Open pit barbeques? \_\_\_\_\_
13. Do you sponsor or participate in any athletic or special events where coverage is needed? \_\_\_\_\_
14. Do you provide any live entertainment? \_\_\_\_\_ Nights per week \_\_\_\_\_  
If yes: \_\_\_\_\_ Rock and Roll \_\_\_\_\_ Blues/Jazz \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_ DJ \_\_\_\_\_ Solo Musician/Vocalist \_\_\_\_\_  
\_\_\_\_\_ Country \_\_\_\_\_ Topless Dancers \_\_\_\_\_
15. Any amusement devices such as: Pool tables, # of tables \_\_\_\_\_ Darts \_\_\_\_\_  
Video games, # of games \_\_\_\_\_ Mechanical bulls or other patron participation devices? \_\_\_\_\_  
Other \_\_\_\_\_
16. Playgrounds or playrooms? \_\_\_\_\_
17. Hours of operation: Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_
18. Seasonal? \_\_\_\_\_ If so, how many consecutive months closed? \_\_\_\_\_
19. Neighborhood Crime and V&MM exposure: High \_\_\_\_\_ Moderate \_\_\_\_\_ Low \_\_\_\_\_
20. Burglar alarm: Central Station \_\_\_\_\_ Local \_\_\_\_\_ None \_\_\_\_\_
21. If new construction, is construction completed? \_\_\_\_\_ If no, completion date \_\_\_\_\_
22. Is building sprinklered? \_\_\_\_\_
23. Is this risk currently open for business? \_\_\_\_\_
24. Is trash removed from the inside premises nightly? \_\_\_\_\_
25. Is location equipped with emergency lighting and smoke detectors? \_\_\_\_\_
26. Firearms on premises? \_\_\_\_\_
27. Is restaurant located on a wharf, pier, dock, pilings or beach? \_\_\_\_\_

28. Estimated percentage of restaurant patrons that arrive by boat. \_\_\_\_\_

**Automatic Fire Extinguishing System (Warranted by Policy)**

29. Does the Automatic Suppression System protect all cooking surfaces? \_\_\_\_\_

30. Is this system under a maintenance contract? \_\_\_\_\_ If so, what is the schedule? \_\_\_\_\_

**Hood, Ducts Vents, Fan Motors, etc. (Warranted by Policy)**

31. Does insured have cleaning contract with outside professional cleaning contractor for periodic cleaning of all hoods, ducts, vents, fan motors, etc? \_\_\_\_\_ If so, what is the schedule? \_\_\_\_\_

**Liquor Liability Supplemental**

32. Limit of Liability Each Common Cause:

\_\_\_\_\_ \$100,000                      \_\_\_\_\_ \$500,000  
\_\_\_\_\_ \$300,000                      \_\_\_\_\_ \$1,000,000

33. Description of Business:

\_\_\_\_\_ Bar or Tavern                      \_\_\_\_\_ Caterer                      \_\_\_\_\_ Mini Mart w/o Gas  
\_\_\_\_\_ Mini Mart with Gas                      \_\_\_\_\_ Motel/Hotel                      \_\_\_\_\_ Private Club  
\_\_\_\_\_ Restaurant                      \_\_\_\_\_ Special Event                      \_\_\_\_\_ Sports Bar  
\_\_\_\_\_ Supermarket                      \_\_\_\_\_ Country Club                      \_\_\_\_\_ Other

34. Liquor Liability Insurance Carrier and Loss History for Prior Five Years

Year	Carrier	Premium	Date of Loss	Description

35. Has your liquor coverage ever been cancelled or nonrenewed? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

36. Is the applicant aware of any incidents which may lead to a claim? \_\_\_\_\_

If yes, attach complete details of each incident. \_\_\_\_\_

37. Have there been any fights among the patrons in the past year? \_\_\_\_\_

38. If yes, provide complete details. \_\_\_\_\_

\_\_\_\_\_

39. Does the applicant provide any formal training or guidance for employees with respect to handling of minors or intoxicated customers? \_\_\_\_\_

Provide details \_\_\_\_\_

40. Has the applicant or any owner, partner, officer or licensee ever had a license revoked, refused or suspended or ever been cited/finned for a liquor violation? \_\_\_\_\_ If yes, please provide full details.

41. Average age of cliental \_\_\_\_\_

42. Number of:                      \_\_\_\_\_ Bartenders                      \_\_\_\_\_ ID Checkers  
   \_\_\_\_\_ Bouncers                      \_\_\_\_\_ Armed Security Guards  
   \_\_\_\_\_ Servers                      \_\_\_\_\_ Unarmed Security Guards

43. Accountant/Audit Records:

Bookkeeper \_\_\_\_\_ Phone # \_\_\_\_\_

Please attach copy of menu.

Notice to Applicant: A 25% minimum earned premium will be charged on cancellation made at the insured's request, including nonpayment. It is mutually understood and agreed between the Company and the Applicant that any inspection of the premises operations, or any matter pertaining to Insurance afforded by the Company, is made for the use and benefit of the Company only, and is not relied upon the Applicant in any respect.

Declaration: I declare that the statements made in the application are complete and true.

Fraud Statue Section 817.234: Any person who knowingly and with intent to injure, defraud or deceived any insurer files statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree. I hereby authorize Advanced E&S to run any credit reference checks in accordance with the Fair Credit Reporting Act (91-508) should they deem necessary.

\_\_\_\_\_  
Insured's Signature and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

Each question must be answered and form signed upon request to bind coverage.