

RESTAURANT, BAR & TAVERN SUPPLEMENTAL APPLICATION

First Named Insured _____

GENERAL INFORMATION

1. Type of business: *Restaurant Night Club Banquet Facility Sports Bar
 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. Do you 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

- | | 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