

## Supplemental Application – Restaurants

<b>Applicant Name:</b> _____	<b>Date:</b> _____
<b>Location Address:</b> _____	
<b>Web Site:</b> _____	

### Business Information:

Years experience of mgmt. at this location: \_\_\_\_\_ Total years experience in this industry: \_\_\_\_\_

Any prior bankruptcies or liquidations?     Yes     No    Describe: \_\_\_\_\_

Is your business seasonal?     Yes     No    Describe: \_\_\_\_\_

Hours of operation:    Mon. – Thu.    Fri.    Sat.    Sun.

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### Premises Information:

When were updates for:

- Electricity: \_\_\_\_\_ Partial or complete? \_\_\_\_\_
- Plumbing: \_\_\_\_\_ Partial or complete? \_\_\_\_\_
- Roofing: \_\_\_\_\_ Partial or complete? \_\_\_\_\_
- HVAC: \_\_\_\_\_ Partial or complete? \_\_\_\_\_

Are buildings sprinklered?     Yes     No    Percentage: \_\_\_\_\_

Are there smoke detectors?     Yes     No    Hard wired or battery operated? \_\_\_\_\_

Are there fire alarms?     Yes     No    Central station, local or pull alarms? \_\_\_\_\_

Are there burglar alarms?     Yes     No    Central station, local? \_\_\_\_\_

Is there aluminum wiring on premises?     Yes     No    Describe: \_\_\_\_\_

    Is the aluminum wiring repaired?     Yes     No    Describe: \_\_\_\_\_

Clearly marked fire exits?     Yes     No    Secondary means of egress on each floor?     Yes     No

Emergency lighting?     Yes     No

Is there a parking lot located on premises?     Yes     No

    Is the parking lot owned, operated & maintained by applicant?     Yes     No

    What is the size of the parking lot? \_\_\_\_\_

Are there ID checkers?     Yes     No    Describe: \_\_\_\_\_

Are there bouncers or security guards?     Yes     No    Describe: \_\_\_\_\_

Are there any weapons on premises?     Yes     No    Describe: \_\_\_\_\_

Is there a valet parking service?     Yes     No

    Is the valet parking provided by an independent service company?     Yes     No

    Is the valet service required to maintain indemnity insurance?     Yes     No

**Restaurant/Cooking Exposure:**

Is there cooking done on the premises?  Yes  No

Any sub-contracted cooking facilities?  Yes  No

Type of cooking - Deep Fat Fryers?  Yes  No

- Griddles?  Yes  No

- Grill/BBQ Pit?  Yes  No

Does establishment serve any raw seafood?  Yes  No Describe: \_\_\_\_\_

Are there any banquet facilities?  Yes  No Square footage: \_\_\_\_\_

Maximum occupancy: \_\_\_\_\_

Any off-premises catering?  Yes  No Describe: \_\_\_\_\_

Is there an automatic suppression system over all cooking surfaces?  Yes  No Is there an automatic shut-off?  Yes  No

Is there an independent cleaning contract for the automatic extinguishing system?  Yes  No How often is system cleaned? \_\_\_\_\_

Is there an independent cleaning contract for hoods & ducts?  Yes  No How often is system cleaned? \_\_\_\_\_

Have there been any Health Dept. violations?  Yes  No Describe: \_\_\_\_\_

**Liquor Liability:**  Check here if no Liquor is sold or furnished

Have you ever had your liquor license revoked or suspended?  Yes  No Describe: \_\_\_\_\_

Have you ever had any prior liquor citations or law violations?  Yes  No Describe: \_\_\_\_\_

In the last 5 years, have you had any liquor or dram liability claims?  Yes  No Describe: \_\_\_\_\_

Do all servers receive formal Alcohol Awareness training?  Yes  No Describe: \_\_\_\_\_

Do you sponsor any drink specials (i.e., 2-for-1, ladies night, etc.)?  Yes  No Describe: \_\_\_\_\_

Do you have any package sales?  Yes  No Describe: \_\_\_\_\_

Do you have any drive-thru facilities?  Yes  No Describe: \_\_\_\_\_

Do you admit anyone under 21?  Yes  No Describe: \_\_\_\_\_

Age of clientele (percentages):

	<u>Under 21</u>	<u>21 thru 30</u>	<u>31 thru 40</u>	<u>Over 40</u>

Are patrons allowed to bring in their own alcoholic beverages?  Yes  No

Are you open later than other establishments in the area?  Yes  No

Do you provide cab service or have a designated driver program?  Yes  No

Is there any off-premises liquor catering?  Yes  No

**Entertainment:**  Check here if no Entertainment

- Is there a dance floor?  Yes  No Sq. footage: \_\_\_\_\_
- Are there any mechanical devices?  Yes  No Describe: \_\_\_\_\_
- Are there any gambling devices or tables?  Yes  No Describe: \_\_\_\_\_
- Are there any pool or billiards tables?  Yes  No Describe: \_\_\_\_\_
- Are there any athletic events?  Yes  No Describe: \_\_\_\_\_
- Are there any promotional events (such as Teen Night, Wet T-Shirt or Foam Contests)?  Yes  No Describe: \_\_\_\_\_
- Are there any special activities (such as mud wrestling, bungee jumping, Velcro suits or mosh pits)?  Yes  No Describe: \_\_\_\_\_
- Other special or promotional activities?  Yes  No Describe: \_\_\_\_\_

**LIVE Entertainment:**  Check here if no LIVE Entertainment

- Is there a DJ?  Yes  No Describe: \_\_\_\_\_
- Is there karaoke?  Yes  No Describe: \_\_\_\_\_
- Is there any topless or Go-Go dancing?  Yes  No Describe: \_\_\_\_\_
- Are there any comedians or stand-up entertainers?  Yes  No Describe: \_\_\_\_\_
- Any live performers: - Country?  Yes  No No. nights per week: \_\_\_\_\_
- Piano/Solo Acts?  Yes  No No. nights per week: \_\_\_\_\_
- Rock/Disco?  Yes  No No. nights per week: \_\_\_\_\_
- Other  Yes  No No. nights per week: \_\_\_\_\_
- Are there any national known performers?  Yes  No Describe: \_\_\_\_\_
- Are there any promoters?  Yes  No Describe: \_\_\_\_\_
- Any special effects: - Lighting/Sound?  Yes  No
- Smoke?  Yes  No
- Pyrotechnics?  Yes  No
- Other live entertainment?  Yes  No Describe: \_\_\_\_\_

**Gross Receipts:**

<u>Restaurant</u>	<u>Bar/Lounge</u>	<u>Other Operations</u>
Food _____	Food _____	Sales/receipts _____
Liquor _____	Liquor _____	Rentals _____
Catering _____	Catering _____	Other _____
Total _____	Total _____	Total _____

**Hired & Non-Owned Auto:**  Check here if not requested

Do you verify each employee driving for business purposes has a valid government issued driver's license and carries sufficient personal insurance in accordance with minimum state insurance requirements?  Yes  No

Do you prohibit business driving rights for any individual with prior incidence of license suspensions, revocations or DUI convictions?  Yes  No

Do you provide off-site catering or delivery services?  Yes  No

Have you had any hired and non-owned auto losses in the past 5 years?  Yes  No Please attach detailed list of losses.

**Representation & Warranty Statement:**

I have read this Application and I represent that all of the foregoing statements are true and accurate and that these statements are offered as the basis upon which Promont is considering issuance of an insurance policy. Any missing or erroneous information in this Application may jeopardize coverage in the event of a claim under any policy issued by Promont.

**WARNING:** Any person who knowingly and with 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 a 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 such violation.

**Applicant:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_