

**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