

Supplemental Application - Restaurants, Bars and Taverns

1. Named Insured: _____

2. Named Insured Mailing Address: _____

3. Premises Address: _____
4. Effective / Expiration Dates: _____
5. Number of years in the business at this location: _____
If less than 5 years, management experience prior to this operation: _____

6. Type of Operations:

- | | |
|---------------------|--------------------|
| Deli _____ | Private Club _____ |
| Bar/Tavern _____ | Fast Food _____ |
| Family Dining _____ | Banquet Hall _____ |
| Fine Dining _____ | Other _____ |

7. Are there catering operations off premises? _____ If so, % of total receipts?
8. Does operation include deliveries? _____
9. Is valet parking provided? _____ If yes, is it provided by employees or third party?
Are certificates of insurance required for third party valet parking? _____
10. What are the hours of operation? S _____ / M _____ / T _____ / W _____
Th _____ / F _____ / Sat. _____
11. What is the seating capacity? _____

12. Receipts for last three years:

Year	Food	Liquor	Other	Total

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13. Indicate all cooking types that apply:

Grilling		Bar-B-Q		Tableside Cooking		Cooking w/ Solid Fuel	
Roasting		Deep Fat Frying		Open Broiling		Other Method	

14. Does an approved automatic extinguishing system cover all cooking surfaces? _____

15. Is there a contracted maintenance / cleaning agreement for the system? _____

16. Are there hoods and ducts over cooking equipment? _____

17. Is there a maintenance contract for the hoods and ducts? _____

18. How often are hoods and ducts cleaned? _____

19. Are BC and K fire extinguishers located in the kitchen? _____

20. Is there adequate clearance between the hoods, ducts, cooking equipment and any combustibles? _____

What is the distance? _____

21. Name and Address of Mortgagee (s) or Loss Payee: _____

22. Describe any entertainment provided: _____

How many nights each week? _____

Is there a stage? _____

23. Is there a dance floor? _____ Size? _____

24. Are there pyrotechnics? _____ Foam? _____

25. Are there any amusement devised on site, such as pool tables, dart boards, pinball machines, Gambling devices, Video / electronic games, mechanical devices, poker tables w/ dealers? Be specific. _____

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26. Are there recreational areas or other activities provided for patrons, such as wrestling, volleyball, boxing, basketball? Be specific. _____

27. Are bouncers, doormen or parking patrol utilized by the Applicant? _____

If yes, are they employees or contractors? _____

Do they carry firearms? _____

LIQUOR SECTION

1. Liquor License #: _____

2. Have there been any violations or suspensions in the last three years? _____

3. Is there a full bar on premises? _____ Number of bars? _____

4. Are drink specials, happy hour, shot special or other promotions offered? _____

Be specific: _____

5. Are patrons allowed to bring alcohol on the premises? _____ Is the amount monitored? _____

6. Are all alcohol server employees given liquor training? _____ If so, what program is utilized? _____

7. Is there a written policy on serving alcohol, including checking patron's identification prior to serving alcohol; notifying management if employee refuses to serve patron; calling a taxi or other service for transportation home for apparently intoxicated patrons? _____

8. Is documentation kept on each liquor incident, including refusal to serve? _____

9. Are background checks conducted on employees? _____

Named Insured Signature: _____

Date: _____

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FRAUD WARNINGS

To All Prospective Insureds: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

To Prospective Insureds In:

Notice to California Applicants: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia and Louisiana Applicants: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Oklahoma Applicants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. **(Note: In Oklahoma the language must appear on the face of the policy, application and claims forms in 10 pt. font or larger).**

Notice to Kansas Applicants: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

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Notice to Maine, Tennessee, Virginia and Washington Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Hampshire Applicants: Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

Notice to New York Applicants: 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 \$5,000 and the stated value of the claim for each such violation.

Notice to New York Applicants (Fire insurance applications): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

Notice to New York Applicants (Automobile): Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

Notice to Pennsylvania Applicants: 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 purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Pennsylvania Applicants (Automobile): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.