



**RESTAURANT, BAR & TAVERN
SUPPLEMENTAL APPLICATION**

First Named Insured _____

GENERAL INFORMATION

1. Type of business: *Restaurant Night Club Banquet Facility
 Bar/Lounge Cafeteria Pool Hall/Billiard Parlor
 Private Club Sports Bar Bottle 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a happy hour? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there written and enforced policies for intoxicated customers? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your bartenders and wait staff required to complete TIPS training? | <input type="checkbox"/> | <input type="checkbox"/> |
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?
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