## RESTAURANT/TAVERN SUPPLEMENT

**AGENCY CUSTOMER ID:**

**AGENCY NAME:**

**NAMED INSURED/APPLICANT’S NAME:**

**POLICY NUMBER:**

**COMPANY NAME:**

**NAIC CODE:**

### GENERAL RATING/UNDERWRITING

**LOCATION OF PROPERTY**

**TYPE OF BUSINESS - CHECK ALL THAT APPLY**

- [ ] RESTAURANT
- [ ] DINER
- [ ] FAST FOOD
- [ ] FAMILY STYLE
- [ ] BANQUET HALL
- [ ] BAR & NIGHTCLUB
- [ ] BED & BREAKFAST INN
- [ ] TAVERN
- [ ] BANQUET HALL
- [ ] NORTHERN
- [ ] SOUTH
- [ ] EAST
- [ ] WEST
- [ ] OTHER (Describe):

**SEASONAL**

- [ ] SEASONAL
- [ ] YEAR ROUND
- [ ] FRANCHISED
- [ ] NOT FRANCHISED
- [ ] BED & BREAKFAST INN
- [ ] TAVERN
- [ ] BANQUET HALL
- [ ] NORTHERN
- [ ] SOUTH
- [ ] EAST
- [ ] WEST
- [ ] OTHER (Describe):

**NUMBER OF EMPLOYEES**

- [ ] FULL TIME:
- [ ] PART TIME:

**SQUARE FOOTAGE**

<table>
<thead>
<tr>
<th>TOTAL BUILDING</th>
<th>RESTAURANT</th>
<th>APARTMENTS</th>
<th>NUMBER OF APARTMENTS</th>
</tr>
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**SEATING CAPACITY**

- [ ] HOURS OF OPERATION

### ORIGINAL USE AND SUBSEQUENT OCCUPANCIES OF THE BUILDING

<table>
<thead>
<tr>
<th>RECEIPTS (LAST 3 YEARS)</th>
<th>FOOD</th>
<th>LIQUOR</th>
<th>OTHER (Describe Below)</th>
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<tbody>
<tr>
<td>YEAR: [ ]</td>
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### CHECK ALL THAT APPLY

- [ ] STAIRWAY(S)
- [ ] ELEVATOR(S)
- [ ] ESCALATOR(S)
- [ ] EMERGENCY LIGHTING SYSTEMS (Describe)
- [ ] GRILLING
- [ ] DEEP FAT FRYING
- [ ] OPEN BROILING
- [ ] ROASTING
- [ ] TABLESIDE COOKING
- [ ] WOODBURNING STOVE OR FIREPLACE INSERT
- [ ] DATE INSTALLED: [ ]
- [ ] VALET PARKING
- [ ] MANUFACTURER NAME:
- [ ] GARAGE KEEPERS LEGAL LIABILITY REQUIRED/MAINTAINED FOR VALET PARKING
- [ ] PROPERTY HAS BEEN DESIGNATED AN HISTORICAL MARKER
- [ ] OFF PREMISES PARKING
- [ ] ADDRESS:
- [ ] SQUARE FOOTAGE:

**CATERING/BANQUET OPERATIONS**

- [ ] ON PREMISES
- [ ] DESCRIE:
- [ ] OFF PREMISES

**EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE**

1. HAS APPLICANT NOW OR IN THE PAST BEEN INVOLVED IN BANKRUPTCY, FORECLOSURE, TAX LIEN, BUSINESS FAILURE, OR ANY LITIGATION?

   - [ ]

2. HAS BUSINESS BEEN IN OPERATION LESS THAN 5 YEARS AT THIS LOCATION? IF YES, DESCRIBE PRIOR EXPERIENCE OF OWNER/MANAGER.

   - [ ]

3. ARE THERE LODGING OPERATIONS OTHER THAN APARTMENTS?

   - [ ]

4. ANY DELIVERIES?

   - [ ]

5. ARE ADEQUATE EMERGENCY EXITS PROVIDED AND EQUIPPED WITH PANIC HARDWARE? (No explanation needed)

   - [ ]

6. HAVE ADEQUATE SMOKE ALARMS BEEN INSTALLED? (No explanation needed)

   - [ ]

7. ANY OTHER ON OR OFF PREMISES EXPOSURES NOT LISTED ABOVE?

   - [ ]

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KITCHEN FIRE PROTECTION

CHECK ALL THAT APPLY

U.L. 300 APPROVED AUTOMATIC EXTINGUISHING SYSTEM COVERS ALL COOKING SURFACES
NAME OF SYSTEM: ____________________________ WET DRY

U.L. 300 APPROVED AUTOMATIC EXTINGUISHING SYSTEM UNDER MAINTENANCE CONTRACT: # MONTHS: ________________

AUTOMATIC GAS OR ELECTRIC SHUT OFFS FOR COOKING
HOODS AND DUCTS OVER ALL COOKING EQUIPMENT
HOOD AND FILTERS CLEANED WEEKLY BY STAFF
HOODS AND DUCTS MAINTENANCE CONTRACT SCHEDULE: # MONTHS: ________________

BC AND K EXTINGUISHERS AVAILABLE IN KITCHEN
ADEQUATE CLEARANCE BETWEEN HOODS, DUCTS, COOKING EQUIPMENT AND COMBUSTIBLE MATERIALS

FINANCIAL INFORMATION - MOST RECENT 12 MONTH PERIOD

TOTAL OPERATING EXPENSES (FOOD AND LIQUOR ONLY) $________
TOTAL OPERATING EXPENSES (OTHER THAN COST OF FOOD AND LIQUOR) $________
NET PROFIT OR LOSS (IF LOSS, ATTACH FINANCIAL STATEMENT) $________
ACCOUNTS PAYABLE $________
NOTES PAYABLE (NOT TO BANKS) $________
BANK LOANS PAYABLE $________

LIQUOR LIABILITY INFORMATION

LIQUOR LICENSE NUMBER
LIQUOR LICENSE TYPE
NUMBER OF BARS ON PREMISES
NUMBER OF BARTENDERS
NUMBER OF WAITERS/WAITRESSES
AVERAGE LENGTH OF EMPLOYMENT

CHECK ALL THAT APPLY

BEER SALES
WINE SALES
FULL BAR
SHOTS GIVEN/SERVED
SHOTS SPECIALS
WRITTEN POLICY ON SERVING ALCOHOL FOR EMPLOYEES AND CUSTOMERS
REduced Price Drinks
HAPPY HOUR
MANAGEMENT NOTIFIED PRIOR TO SHUTTING OFF PATRONS
LAST CALL GIVEN - TIME: ____________
STEADY BAR CLIENTELE
SALES OF PACKAGE GOODS - PERCENT OF LIQUOR RECEIPTS: ________ %

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

Y/N
1. ARE EMPLOYEES GIVEN LIQUOR TRAINING? IF YES, EXPLAIN TYPE AND WHEN TRAINED.

2. HAVE THERE BEEN ANY LIQUOR BOARD VIOLATIONS? IF YES, LIST ALL VIOLATIONS.

3. IS DOCUMENTATION KEPT ON EACH INCIDENT SHUTTING OFF PATRONS? (No explanation needed)

ENTERTAINMENT INFORMATION

TYPE OF ENTERTAINMENT
NIGHTS OF WEEK
ROCK GROUP MONDAY
dJ TUESDAY
BAND (ANY KIND) WEDNESDAY
OTHER (Describe): THURSDAY

AGE OF CLIENTELE UNDER 21 FRIDAY
21 - 40 SATURDAY
OVER 40 SUNDAY

DANCING (Check all that apply)
PERMITTED DANCE FLOOR

AMUSEMENT DEVICES COUNT DESCRIPTION
POOL TABLES
VIDEO GAMES
GAMBLING

EXPLAIN ALL "YES" RESPONSES

Y/N
1. ARE THERE BouncERS OR DOORMEN? IF YES, EXPLAIN WHY.

BED & BREAKFAST INFORMATION ONLY

NAME OF INN: ____________________________ NUMBER OF GUEST ROOMS: ____________________________
CLEANING SOLVENTS STORAGE LOCATION: ____________________________ CLEANING SOLVENT CABINET LOCKED OR STORED OUT OF REACH OF CHILDREN

EXPLAIN ALL "YES" RESPONSES

Y/N
1. DOES THE INN OWNER RESIDE ELSEWHERE; OR IS THE INN OPERATED BY SOMEONE OTHER THAN THE OWNER? IF YES, PROVIDE NAME AND EXPERIENCE OF OPERATOR.

2. DOES INN PROVIDE GUESTS WITH ANY SPORTS EQUIPMENT, INCLUDING BOATS, BICYCLES, MOTORCYCLES OR HORSES? IF YES, DESCRIBE.

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PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied) IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DEceive ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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