



1610 Route 88, Suite 102  
Brick, New Jersey 08724  
732-701-8900  
732-458-3728 fax

## Restaurant Application

All Questions Must Be Answered  
Please Use a Separate Application for Each Location  
Download the blank form to your computer. Open the form off-line and fill it in. Save the file and then attach it to an email to apps@specialtyagency.com.

Full Name of Applicant \_\_\_\_\_  
 Address of Applicant \_\_\_\_\_ City \_\_\_\_\_  
 County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Mailing Address (If Different) \_\_\_\_\_  
 Owners Name (Principal) \_\_\_\_\_ SS # \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Effective Date \_\_\_\_\_ Current Company \_\_\_\_\_ Current Premium \$ \_\_\_\_\_  
 Any policy or coverage declined, cancelled or non-renewed during three prior years? Yes \_\_\_ No \_\_\_  
 (not applicable in Missouri)

### Business Information

Applicant is a : Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Other \_\_\_\_\_  
 Applicant is a : Restaurant \_\_\_\_\_ Diner \_\_\_\_\_ Tavern \_\_\_\_\_ Night Club \_\_\_\_\_ Banquet Hall \_\_\_\_\_  
 Fine Dining \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_  
 # of Years at this Location \_\_\_\_\_ # of years in Restaurant Business \_\_\_\_\_  
 If less than 3 years at this Location, list previous experience \_\_\_\_\_  
 Building Owner - Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Include Building Owner as Named Insured as interest may appear? Yes \_\_\_ No \_\_\_

### Financial Information

Is Owner or Corporation now or ever involved in : Bankruptcies \_\_\_\_\_ Foreclosures \_\_\_\_\_  
 Tax Liens \_\_\_\_\_ Business Failures \_\_\_\_\_ Any Litigations \_\_\_\_\_  
 If Yes, Please Explain \_\_\_\_\_

### Additional Interests

Mortgagee and Address \_\_\_\_\_  
 \_\_\_\_\_ Check if None \_\_\_\_\_  
Additional Insureds \_\_\_\_\_  
 \_\_\_\_\_ Check if None \_\_\_\_\_  
Loss Payees \_\_\_\_\_  
 \_\_\_\_\_ Check if None \_\_\_\_\_

**Property Section**

Building Limit \_\_\_\_\_ Co-Ins % \_\_\_\_\_ ACV \_\_\_\_\_ R/C \_\_\_\_\_ Deductible \_\_\_\_\_  
Contents Limit \_\_\_\_\_ Co-Ins % \_\_\_\_\_ ACV \_\_\_\_\_ R/C \_\_\_\_\_ Deductible \_\_\_\_\_  
Business Income Limit \_\_\_\_\_ Contribution or Co-Ins % \_\_\_\_\_ Deductible \_\_\_\_\_  
Business Income ALS Yes \_\_\_\_\_

Cause of Loss : Basic \_\_\_\_\_ Special \_\_\_\_\_ Special with Theft on Contents Only \_\_\_\_\_  
Business Income with Extra Expense Yes \_\_\_\_\_ No \_\_\_\_\_ If not answered, will be Rated without  
Loss of Rents Limit \_\_\_\_\_ Co-Ins % \_\_\_\_\_ Cause of Loss \_\_\_\_\_ Deductible \_\_\_\_\_  
Sign Limit \_\_\_\_\_ Type \_\_\_\_\_ Wording \_\_\_\_\_ Deductible \_\_\_\_\_  
Glass Coverage Needed Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", provide value \_\_\_\_\_

Crime Coverage Form C Limit \_\_\_\_\_ Deductible \_\_\_\_\_  
Employee Dishonesty Limit \_\_\_\_\_ Deductible \_\_\_\_\_  
Other Property Coverages \_\_\_\_\_

Multiple Occupancies? If so, List: \_\_\_\_\_

**Liability Section**

General Liability Limit \_\_\_\_\_ Aggregate \_\_\_\_\_

Liquor Liability Limit \_\_\_\_\_ Aggregate \_\_\_\_\_

Receipts : Food \_\_\_\_\_ Liquor \_\_\_\_\_ Other \_\_\_\_\_ Total \_\_\_\_\_

Square Footage : Total Building \_\_\_\_\_ Restaurant \_\_\_\_\_ Apts \_\_\_\_\_ # Apts \_\_\_\_\_

Off Premise Parking Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", list address and square footage \_\_\_\_\_

On or Off Premise Catering / Banquet Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", % of total Receipts \_\_\_\_\_ %

Describe Catering Operation \_\_\_\_\_

Lodging Operations Other than Apartments Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", Describe : \_\_\_\_\_

Any Other On or Off Premise Exposures NOT Listed Above Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", Describe : \_\_\_\_\_

Non-Owned Automobile Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", No of Employees \_\_\_\_\_ Any Delivery Use? \_\_\_\_\_

Valet Parking Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", is Garage Keeper Liability Required Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", Limit \_\_\_\_\_ Deductible \_\_\_\_\_

Any Elevators or Stairs on Premise? Yes \_\_\_\_\_ No \_\_\_\_\_

Any Tableside Cooking? Yes \_\_\_\_\_ No \_\_\_\_\_



# Restaurant Application

### Liquor Legal Liability Section

Does Applicant Serve Alcohol Yes  No  If Yes, Entire Section MUST be Completed

Does Applicant Have Liquor License Yes  No  If "Yes", Type and # \_\_\_\_\_

Does Applicant Sell Package Goods Yes  No  If "Yes", % of Liquor Receipts \_\_\_\_\_ %

# of Bartenders \_\_\_\_\_ # of Waiters/Waitresses \_\_\_\_\_ Avg Length of Employment \_\_\_\_\_

Are Employees Given Liquor Training Yes  No  If "Yes", Explain Type and When Trained \_\_\_\_\_

Does Applicant Have Written Policy on Serving Alcohol for Employees & Customers Yes  No

Is Management Notified Prior to Shutting Off Patrons Yes  No

Is Documentation Kept on Each Incident Yes  No  Service Bar Only? Yes  No

# of Bars on Premises \_\_\_\_\_ Is There a Steady Bar Clientel Yes  No

Is There a Happy Hour Yes  No  Reduced Price Drinks Yes  No

Is a Last Call Given Yes  No  If "Yes", What Time \_\_\_\_\_

Are Shots Given Yes  No  Shots Specials / Shooter Girls Yes  No

Have There Been Any Liquor Board Violations Yes  No  If "Yes", List ALL Violations \_\_\_\_\_

### Entertainment Section

Entertainment Yes  No  If "Yes", ENTIRE Section MUST be Completed

Nights of Week Fri \_\_\_\_\_ Sat \_\_\_\_\_ Other \_\_\_\_\_ Age of Clientel \_\_\_\_\_

Type of Entertainment Rock Group \_\_\_\_\_ DJ \_\_\_\_\_ Band (Any Kind) \_\_\_\_\_ Go-Go \_\_\_\_\_

Other (Please Describe) \_\_\_\_\_

Does a Dance Floor Exist Yes  No  If "Yes", Square Footage \_\_\_\_\_

Is Dancing Permitted Yes  No

Bouncers or Doormen Yes  No  If "Yes", Explain Why \_\_\_\_\_

Amusement Devices (Pool Tables, Video Games, TVs, etc) Yes  No

If "Yes", # and Description \_\_\_\_\_

### Claims Section

List ALL Claims for Each Section for the Past 5 Years, By Year (If none, NONE must be stated, by Year)

Property Claims \_\_\_\_\_

General Liability Claims \_\_\_\_\_

Liquor Liability Claims \_\_\_\_\_

Umbrella Claims \_\_\_\_\_

**Umbrella Section**

Limit Requested \_\_\_\_\_  
Business Auto Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Premium \_\_\_\_\_  
Total # of Vehicles \_\_\_\_\_ # Private Passenger \_\_\_\_\_ # Commercial \_\_\_\_\_ Limit \_\_\_\_\_  
Employers Liability Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Limit \_\_\_\_\_

**Operations Section**

Is Applicant Open Now Yes \_\_\_\_\_ No \_\_\_\_\_ If "No", Explain \_\_\_\_\_  
Hours of Operation From \_\_\_\_\_ To \_\_\_\_\_ # of Days per Week \_\_\_\_\_  
Is Applicant a Seasonal Operation Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Explain \_\_\_\_\_  
Distance to Ocean or Nearest Body of Water \_\_\_\_\_

**Physical Plant Section**

Age of Building \_\_\_\_\_ Construction \_\_\_\_\_ # of Stories \_\_\_\_\_  
Age of : Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Roofing \_\_\_\_\_  
Smoke Detectors Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Electric \_\_\_\_\_ Battery Power \_\_\_\_\_  
Fire Alarm Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Type \_\_\_\_\_  
Burglar Alarm Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Type \_\_\_\_\_  
Sprinkler System Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", Age \_\_\_\_\_ Type \_\_\_\_\_  
Kitchen Fire Protection :

	Yes	No
UL-300 Wet Chemical Extinguishing System Serviced every 6mos.	_____	_____
Above System Covering All Cooking Surfaces	_____	_____
Name of System _____		
Automatic Gas or Electric Shut Offs for Cooking	_____	_____
Hood and Filters Cleaned Weekly By Staff	_____	_____
BC Extinguisher Available in Kitchen	_____	_____
Hoods and Ducts Over All Cooking Equipment	_____	_____
Hoods and Ducts Maintenance Contract Schedule # Month _____		

The signing of this application does not bind the Applicant nor any company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the acceptance of a contract. It is therefore the warranty of the undersigned that the information contained herein is true and correct, and it is hereby understood that the policy will be warranteed based on this information. It is further understood that 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 violation.

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Must Be Signed by Insured to Bind)

Agent _____	Salesperson _____
Address _____	Phone # ( ) _____
E-mail _____	FAX # ( ) _____