

# RESTAURANT, BAR, AND TAVERN SUPPLEMENTAL APPLICATION

Please answer all questions. Submit this Supplemental Application along with a completed ACORD Application and prior carrier loss runs. Some responses may require more space than that provided in the Application itself. Please provide those responses on a separate page and attach it to this Application.

## I. APPLICANT

1.1 Applicant (Proposed Named Insured):	1.4 Website:
1.2 DBA (Name of Restaurant, Bar or Tavern):	
1.3 Location of Restaurant or Bar Address: City, State, Zip:	

## II. GENERAL BUSINESS INFORMATION

2.1	Does Applicant own or rent the property listed in the Location Address above?	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	
2.2	Annual Food Gross Sales: \$	Annual Alcohol Gross Sales: \$	Other Sales: \$	
	Describe Other Sales:		Seating Capacity:	
2.3	What is the latest business closing time?	<input type="checkbox"/> Midnight or earlier	<input type="checkbox"/> After Midnight and by 2:00 AM	<input type="checkbox"/> After 2:00 AM
		<input type="checkbox"/> Open 24 hours		
2.4	How long has the location shown above been open, under the current ownership?	years or	months	
	If less than three (3) years under current ownership, describe Applicant's prior restaurant / bar ownership or management experience, including length of time.			
2.5	Has the name of the business changed in the last five years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, what was the prior name?			
2.6	Do you provide table service?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.7	Are customers allowed to bring their own alcohol on the premises?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.8	What is the operating season?	<input type="checkbox"/> Year-Round	<input type="checkbox"/> Seasonally, From:	To:
2.9	Have the police, or any emergency service provider, been called to the premises in the past three (3) years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, provide details on incident(s), include in attachment if necessary.			
2.10	Has the Applicant had any prior foreclosure, repossession or bankruptcy, or is the Applicant currently involved in any pending foreclosure, repossession or bankruptcy proceeding?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, provide details:			
2.11	Does the Applicant business ever open after 8:00 PM on any given day?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## III. PREMISES

All questions below refer to the Location Address of the restaurant, bar or tavern listed in the first section of this Application.

3.1	Is there a swimming pool on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2	Do you own or maintain any apartments or other rental units on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes:		
	a. How many apartment units on the premises do you own or maintain?		
	b. Are any of these units student or senior housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.3	Is this a waterfront property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes:		
	a. Do you own or maintain any beach front or waterfront areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. How many boat docking slips are available for patrons?		
3.4	Do you have any balconies, decks, or rooftop areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.5	Are firearms allowed on the premises (by customers or staff members)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## IV. FOOD SERVICE

N/A

4.1	Does Applicant have a current and active permit or license, as required under local and/or state laws, to provide food service at its restaurant, bar, or tavern?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.2	Has your license ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.3	Have you ever been fined or cited for a critical or severe violation of your license or the local/state health code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.4	Is Applicant in compliance with local and state laws and regulations governing food establishments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.5	Do you keep records on stock rotation and cooler temperatures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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<b>4.6</b>	Do you have posted warnings on the premises or on the menus (whichever is required by local law) alerting customers to the hazards associated with consuming raw or undercooked foods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.7</b>	Do you have written policies and procedures for the proper handling, preparation, and service of raw seafood and meat? How often are staff members trained on such procedures:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### V. ALCOHOL SERVICE

N/A

<b>5.1</b>	Does Applicant have a currently and active liquor permit or license, as required by local and/or state laws, to serve and sell alcoholic beverages at its restaurant, bar, or tavern? If yes, has your license ever been suspended or revoked, or have to ever been fined or cited for violating your license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.2</b>	Have you or any employee ever been cited or fined for being in violation of any liquor law, alcoholic beverage control law, or similar law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.3</b>	Do you ever offer any drink specials that extend past 9:00 PM?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.4</b>	Do you offer bottle service (i.e. purchasing of a bottle of liquor to be consumed on the premises) other than wine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.5</b>	Do you allow customers to bring their own alcohol on premises for consumption?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.6</b>	Do you serve any single drink larger than 24 ounces? If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.7</b>	Do you sell alcohol to customers for off-premises consumption? If yes, what are the annual gross sales from this? \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.8</b>	Are all individuals who serve alcohol required to have active certification through TIPS or another certified program, prior to serving customers alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.9</b>	Do you have written guidelines and procedures in place for verifying the age of patrons, to prevent the sale of alcohol to minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.10</b>	Do you have written guidelines and procedures in place for cutting off patrons, and not over-serving patrons, that are visibly intoxicated? Are all staff members trained on the written guidelines and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.11</b>	Do you brew or distill your own alcohol on or off premises, for sale to customers, or other parties? If yes: a. What are the gross annual sales from brewing / distilling operations? b. How do you package the alcohol? <input type="checkbox"/> Bottles <input type="checkbox"/> Cans <input type="checkbox"/> Keg/Drum <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.12</b>	Do you offer or allow drinking games (e.g. beer pong, shot games)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.13</b>	Are you located on or near a college campus, or do you target college-aged clientele?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.14</b>	Do you have bouncers or other security staff? If yes: What type(s) of weapons are they armed with? Are there bag checks, pat downs or frisking at the door?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.15</b>	Do you have a metal detector at any entrance to the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### VI. ENTERTAINMENT

N/A

<b>6.1</b>	Do you have a dance floor area? If yes, what is the square footage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6.2</b>	What is your total licensed capacity?	
<b>6.3</b>	Do you have any entertainment that attracts crowds larger than 250 people on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6.4</b>	Do you host any special events that allow for increased capacity, or which utilize space around the building? If yes, provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6.5</b>	Do you have any mechanical bulls, nude or topless dancing, or pyrotechnics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6.6</b>	Do you have any athletic facilities, sports courts, or playgrounds on the premises? If yes, describe and indicate how many?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6.7</b>	What live entertainment do you offer? (Check all that apply) <input type="checkbox"/> Karaoke <input type="checkbox"/> DJs <input type="checkbox"/> Musical Acts/Bands <input type="checkbox"/> Raves <input type="checkbox"/> Foam Parties <input type="checkbox"/> Other: If you indicated Musical Acts/Bands, are any of these performing rap, hip hop, punk rock or heavy metal music? If you indicated DJs or Musical Acts/Bands, are any of these performing electronic dance music?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6.8</b>	What amusement devices are on the premises? <input type="checkbox"/> Pool Tables <input type="checkbox"/> Darts <input type="checkbox"/> Juke Box <input type="checkbox"/> Gambling Games <input type="checkbox"/> Arcade Games <input type="checkbox"/> Mechanical Rides <input type="checkbox"/> Other:	

### VII. TABLE SIDE COOKING / OPEN COOKING / HIBACHI

N/A

<b>7.1</b>	Indicate which applies to Applicant's restaurant: <input type="checkbox"/> Table Side (Cold) Food Prep <input type="checkbox"/> Table Side (Hot) Cooking <input type="checkbox"/> Open Cooking (Diners can see cooking area) <input type="checkbox"/> Hibachi	
<b>7.1</b>	Are all cooking appliances permanently installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7.2</b>	Are hot coals used in cooking process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7.3</b>	Is there a functioning exhaust hood over all cooking surfaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	If yes, is there a semiannual service contract in place to clean and service the exhaust hood?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.4	Is there a Class K fire extinguisher in the dining area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5	Is there a staff member dedicated to overseeing the dining area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.6	Does Applicant have any live flame demonstrations (other than onion volcano)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.7	Are there any stunts involving alcohol and flame?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8	Are warning signs posted which state "Hot Surface" around all cooking areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## VIII. HOOKAH

N/A

	8.1 What is the minimum legal age for tobacco use / sales in the state which Applicant operates in? <input type="checkbox"/> 18 <input type="checkbox"/> 21	
8.2	Are individuals under this age allowed in the hookah area at Applicant's establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.3	Are individuals under this age allowed to smoke / hookah at Applicant's establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.4	Does Applicant verify age by checking the identification of all persons prior to providing hookah services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.5	Are disposable and individually wrapped mouthpieces provided for each new user?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.6	Does Applicant have all required licenses or permits to operate a hookah lounge / establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Has such license or permit ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.7	Are working fire extinguishers in the hookah area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.8	Is the hookah area ventilated in compliance with applicable law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.9	Is hookah area supervised by an employee of Applicant at all times during operating hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.10	Are all coals lit and handled / delivered by an employee of Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.11	Are coals completely extinguished following customer use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.12	Are coals disposed of in a non-combustible container?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.13	Is safety cover / wind-guard required by law for the coal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, is such safety cover / wind-guard in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## IX. ADDITIONAL OPERATIONS

	9.1 Do you offer valet parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes:	
	a. Who is responsible for valet parking? <input type="checkbox"/> Employees <input type="checkbox"/> Independent Contractor	
	b. Do you verify, prior to hire, that all employed valet parking attendants have a current and valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Do you, prior to hire, review the public driving record of all employed valet parking attendants, to confirm that they have no DUI / DWI violations, criminal or civil traffic violations, citations or other offences on their driving record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. If valet parking is contracted to a third party:	
	i. Do you require evidence of the third party's garage-keeper's liability insurance (via a Certificate of Insurance (COI) or otherwise), at least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ii. What limits do you require?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	iii. Do you require the coverage to be direct and primary, or legal liability only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.2	Do you offer off-site catering services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what are the annual sales? \$	
9.3	Do you rent your facility, or make it available for private parties or events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.4	Does Applicant business deliver food?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.5	Does Applicant business deliver alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.6	Does Applicant business contract or partner with a third-party delivery service (e.g. Uber Eats, Grubhub, etc.) to deliver food or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.7	Please describe any other operations or activities of, or services provided by Applicant, which are not otherwise inquired about in this application:	

## X. PROPERTY

N/A

	10.1 Are there any wood burning stoves or fireplaces on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.2	What types of cooking are done on the premises? (Check all that apply)	<input type="checkbox"/> N/A
	<input type="checkbox"/> Grilling <input type="checkbox"/> Deep Fat Frying <input type="checkbox"/> Open Broiling <input type="checkbox"/> Solid Fuel Cooking <input type="checkbox"/> Roasting <input type="checkbox"/> Tableside Cooking	
	<input type="checkbox"/> Barbecue <input type="checkbox"/> Smokehouse <input type="checkbox"/> Other:	
10.3	Are any barbeque grills, barbeque pits, fire pits, open fires for cooking, smokers, or smokehouses utilized on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, where are they located? <input type="checkbox"/> In the building <input type="checkbox"/> Beside the building <input type="checkbox"/> _____ feet from the building	
10.4	If any grilling, frying or other grease laden cooking is done on premises, please indicate if any of the following steps are taken to reduce spontaneous combustion/fire hazard:	
	a. Do you store greasy and soiled rags in metal cabinets or containers with closing lids?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Do you use commercial grade appliances and detergents to launder greasy and soiled rags on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Is a professional laundry service used which specializes in laundering greasy and soiled rags?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.5	Are you in compliance with local and state fire codes and regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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## APPLICABLE IN KS

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 commits a fraudulent insurance act.

## APPLICABLE IN KY, NY, OH AND PA

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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*.

\*Applies in NY only.

## APPLICABLE IN ME, TN, VA AND WA

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 denial of insurance benefits. \*Applies in ME only.

## APPLICABLE IN NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

## APPLICABLE IN OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

## APPLICABLE IN VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

## REPRESENTATIONS AND SIGNATURE

By signing this Application, the undersigned represents, on behalf of the Applicant and all proposed insureds, the following:

- a. After conducting due diligence, the statements in the Application and Supplemental Application furnished to the Company are accurate and complete;
- b. Those statements furnished to the Company are representations Applicant makes on behalf of all proposed Insureds;
- c. Those representations are a material inducement to the Company to provide a premium proposal;
- d. If a policy is issued, the Company will have issued this Policy in reliance upon those representations;
- e. If there is any material change in the Applicant's condition or in the Applicant's activities, services, or answers provided in this Application that occurs or is discovered between the date this Application is signed and the Effective Date of any policy, if issued, Applicant will immediately report such material change to the Company in writing; and
- f. The Company reserves the right, upon receipt of such notice, to change or rescind any insurance proposal previously offered by the Company.

NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED OR THAT ANY ITEMS REFERENCED IN QUESTIONS OR ANSWERS TO QUESTIONS WILL BE COVERED EVEN IF COVERAGE IS OFFERED AND BOUND.

This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.

\_\_\_\_\_  
Signature of authorized representative of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Type / Print name of authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Date