

RESTAURANT, BAR AND TAVERN SUPPLEMENTAL APPLICATION

1. Named Insured: _____
2. Number of Locations (attach separate application for each): _____
3. Address of Location: _____
4. Operating Hours: _____
5. Annual Receipts: Food \$ _____ Admission/Cover \$ _____
Liquor \$ _____ Games/Amusement Devices \$ _____
Other (describe): _____ \$ _____
6. Do you allow BYOB? Yes No
7. Type of Operation: _____
8. Type of Cuisine/Food served: _____
9. Type of Clientele: _____
Average Age of Clientele: _____ Percentage of students: _____
10. Seating Capacity: _____
11. Are exits clearly marked and unobstructed? Yes No
12. Is valet parking available? Yes No
If yes, are the valets employed or is the service contracted? _____
13. Is there an Automatic Extinguishing System covering all cooking areas and surfaces? Yes No
If yes, is there a professional service contract in place to service and inspect the system at
least semi-annually? Yes No
14. Is cooking performed under hoods? Yes No
15. Is there a professional service contract in place to clean the hoods, vents and ducts at least
quarterly? Yes No
16. Is there any tabletop or tableside cooking? Yes No
17. Are customers allowed to cook their own food? Yes No

18. Have there been any health code violations in the past 3 years? Yes No
If yes, please describe: _____

19. Do you serve any raw shellfish (including oysters) at this location? Yes No
If yes, please describe: _____

20. Are firearms kept on the premises? Yes No

21. Are security personnel employed (bouncers, armed guards, unarmed guards, etc.)? Yes No

22. Are there doormen or ID checkers at the door at any time? Yes No

23. Any entertainment provided? Yes No

If yes, please describe: _____

24. Is there a stage? Yes No

25. Is there a dance floor? Yes No

If Yes, provide square footage: _____

26. Do you have hookahs or other communal smoking devices? Yes No

27. Are there electronic or mechanical amusement devices on premises? Yes No

If yes, please describe: _____

Applicant's Signature: _____

Date: _____