

Restaurant Supplemental Application

APPLICANT INFORMATION

Applicant Name: _____

AKA / DBA: _____

Mailing Address: _____

Loc #	Blg #	Address	City	State	Zip Code

Insured Contact: _____

Phone: _____

Website: _____

Yrs in Business: _____ Yrs Experience: _____

GENERAL INFORMATION

Hours of Operation: _____

Type of Establishment:

Loc __ / Bldg __

- Restaurant
- Tavern
- Bar
- Sports Bar
- Nightclub

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Breakdown of Receipts

Food \$ _____

Alcohol \$ _____

Other \$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Total Receipts

\$ _____

\$ _____

\$ _____

OPERATIONS

Loc __ / Bldg __

Yes No

Yes No

Yes No

Yes No

Yes No

\$ _____

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Loc __ / Bldg __

Yes No

Yes No

Yes No

Yes No

Yes No

\$ _____

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Loc __ / Bldg __

Yes No

Yes No

Yes No

Yes No

Yes No

\$ _____

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Maximum number of bouncers/security on duty at any one time? _____

Any firearms kept on premises? _____

What is the average age of the clientele? _____

- Yes No
- Under 21
- 21-25
- Over 25

- Yes No
- Under 21
- 21-25
- Over 25

- Yes No
- Under 21
- 21-25
- Over 25

Do you have any "Teen" or "Under 21" nights or do you permit patrons under the age of 21 in a bar after 10:00 pm? _____

- Yes No

- Yes No

- Yes No

ENTERTAINMENT

Loc ___ / Bldg ___

Loc ___ / Bldg ___

Loc ___ / Bldg ___

Any of the following entertainment provided:

- DJ
- Dancing
- Live Bands
- Solo Vocalist
- Comedy Acts
- Adult Entertainment / Exotic Dancing
- Pyrotechnics / Foam Machines

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Frequency of entertainment: _____

If dancing is allowed, size of dance floor: _____

Do you have any pool tables? _____

If "Yes", how many? _____

Do you have any video poker or arcade exposures? _____

If "Yes", how many machines? _____

- Yes No

- Yes No

- Yes No

- Yes No

- Yes No

- Yes No

COOKING

Loc ___ / Bldg ___

Loc ___ / Bldg ___

Loc ___ / Bldg ___

Describe cooking equipment used:

- Grills
- Oven
- Deep Fat Fryer
- Open Flame
- Charcoal Grill
- Barbecue / Pit Smoker

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- Barbecue / Pit Smoker

If Barbecue or Pit Smoker is used, please advise distance from building: _____

Is all commercial cooking equipment installed with an automatic extinguishing system to code? _____

Type of extinguishing system? _____

Is there a cleaning contract in force with an outside firm? _____

What was the last service date? _____

- Yes No

- Yes No

- Yes No

- Yes No

- Yes No

- Yes No

- Yes No

- Yes No

- Yes No

HISTORY

	Loc __ / Bldg __	Loc __ / Bldg __	Loc __ / Bldg __
Does applicant have valid liquor license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any health or safety violations in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide details:			
Any assault and battery incidents in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide details:			
Has the applicant or majority partner filed for bankruptcy within the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOSS INFORMATION

Was prior coverage ever cancelled or non-renewed? Yes No

If "Yes", please explain: _____

Loss information for the past 3 years: No losses No prior coverage

Year	# Of Claims	Incurred Amounts	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FRAUD STATEMENT

Applicable in Arkansas, Louisiana, and West Virginia

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in Maine

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, or a denial of insurance benefits.

Applicable in Maryland

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in New Jersey

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 New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in New York

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 such violation.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Pennsylvania

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.

Applicable in Rhode Island

The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

Applicable in Tennessee, Virginia, and Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

SIGNATURES

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's Name and Title: _____

Applicant's Signature: _____

Date: _____

Producer's Signature: _____

Date: _____