



RESTAURANTS & BARS

Corporation: Name & DBA: _____

Contact person: _____

Physical address: _____

Email address: _____

Mailing Address: _____

Phone #: _____ Fax# _____

Effective Date/ Renewal Date: _____ # of years in business _____

Sales: Food Receipts: _____ Alcohol Receipts: _____

Cover Receipts: _____ Misc. Receipts: _____

Building Information: Sq. Feet of Building: _____ Number of Stories _____

Basement? _____ Adjacent Tenants: _____

Building Construction Type & Age: _____

Roof Construction Type & Age: _____

Updates/year: wiring _____; roofing _____; plumbing _____; heating _____

Located within city limits ? _____ Distance to shoreline ? _____

Cooking: Yes or No; if yes, Ansul system?: _____ Covers: all foods? _____

Deep Fat Fryers? _____ Open Flames? _____ Service Contract for Cleaning? _____

Cleaning company name? _____ Date last cleaned? _____

How often? _____ Auto fire extinguishing system? _____ Security System: _____

Name of Monitoring Co: _____ How many Fire Extinguishers: _____

Sprinklered? _____ Distance from fire hydrant? _____ Distance from Fire Station? _____

Operations: Hours of Operation: From _____ to _____ M, T, W, Th, F, Sat., Sun.

Is there entertainment? _____ What type & how often? _____

How many video games, pool tables, darts, etc? _____

Dancing: Yes or No? If Yes, Sq. Feet of Dance Floor: _____



Coverage:

Liability Amount: _____ Liquor Liab: _____

Assault & Battery: _____ Non-owned/hired auto: _____

Building Amount: _____ Contents Amount: _____

Tenant Improvements: _____ Loss of Income: _____

Do you currently have insurance? ___ With Who: _____

Present Premium: _____ Policy #: _____

Loss Information (Prior Five Years; Dates & Amounts): _____

Loss Payee Info: _____

Additional Insured Info: _____

General Information:

Any policy declined or cancelled during the prior three years? _____

Any past losses or claims within the past 3 years? _____

If yes to either, explain: _____

Any bankruptcies, tax or credit liens against the applicant in the past five years? _____

Is parking lot under insureds control? _____ If yes, square footage: _____

Is valet parking provided? _____ If yes, employees or service? _____

Has there been any incidents involving assault & battery in the past three years? _____

Number of bartenders/servers? Full time _____ Part time _____

Do you have a formal written safety program ? _____

Average age of clientele? _____ What is the seating capacity? _____

When is Happy Hour? _____ Ladies Night? _____

What type of Certified training for bartenders and servers? _____