



**RESTAURANT/TAVERN/BAR PDQ
SUPPLEMENTAL APPLICATION**

Date: _____

Agency Name: _____

Applicant Name: _____

Policy #: _____

GENERAL INFORMATION

Receipts:	Total:	\$ _____	Total Employees:	FT _____	PT _____
	Food:	\$ _____	Bar Tenders:	FT _____	PT _____
	Liquor:	\$ _____	Servers:	FT _____	PT _____
	Other:	\$ _____			

Currently open for business? Yes _____ No _____ Average Clientele Age _____

Is Property for Sale? Yes ___ No ___ Is Operation Seasonal? Yes _____ No _____ Days: _____

Is Property vacant, foreclosed or undergoing renovation? Yes ___ No _____

Is Property in deteriorating condition? Yes ___ No _____

Distance to Ocean/Bay/Gulf/Intercoastal? _____ Protection Class? _____

Is Parking Lot under Insured's Control? Yes _____ No _____ If Yes, Sq. Ft. _____

Building Age: _____ Sprinklered? Yes _____ No _____

Date of Bldg. Upgrades: Plumbing _____ Wiring _____ Heating _____ Roof _____

Premises: Owned _____ Leased _____ Operating Hours: _____

Total Area _____ sq. ft. Customer Area _____ sq. ft. Seating Capacity _____

Apartments Yes _____ No _____ # of Apts. _____

Are facilities rented out? Yes _____ No _____ If Yes, # times per year _____

Central Station Burglar Alarm? Yes _____ No _____ Fire Alarm? Yes _____ No _____

Are owners active in business? Yes _____ No _____ Years of Experience: _____

Has applicant filed for personal or business related bankruptcy? Yes _____ No _____

Risk previously canceled for non-payment within past 3 years? Yes _____ No _____

Is the risk a Sports Bar? Yes ___ No ___ Is the risk a Bottle, Night or Private Club? Yes _____ No _____

Cooking: Deep Fat Fryers? Yes _____ No _____ Open Flame? Yes _____ No _____

Cooking controls: Automatic Suppression System? Yes _____ No _____

Active Service Contract? Yes _____ No _____

Service & Cleaning Frequency: Automatic Suppression System _____ Hoods/Ducts _____

Suppression System protect all Hoods, Ducts & Griddles? Yes ___ No ___

Suppression System have an Automatic Fuel Shut-Off Device? Yes ___ No ___

Do the Deep Fat Fryers have Automatic High Limit Shutoff? Yes _____ No _____

Tablesides cooking? Yes ___ No ___ Open Bar-B-Que Pits? Yes ___ No ___ Fondue cooking? Yes ___ No ___

Any Raw Seafood served? Yes _____ No _____ If Yes, Explain _____

Any firearms on premises? Yes _____ No _____

Any valet parking? Yes _____ No _____ Subcontracted to insured contractor? Yes _____ No _____

Any history of rowdiness or fights? Yes _____ No _____

Risk in an airport, bowling alley, skating or roller rink? Yes ___ No ___

Retailer visited & recommended risk? Yes _____ No _____

Risk located on a wharf, pier, beach, dock or piling? Yes _____ No _____

ACTIVITIES AND ENTERTAINMENT

Advise the number of the following on the premise, if any:

- Pool Table _____ Dart Boards _____ Video Games _____ Volleyball _____ Gambling Machines _____

Is there any entertainment on the premise? Yes ____ No ____ If Yes, how often & describe, e.g. live rock bands, DJ, etc. _____

Website Address (if any): _____

Bouncers or Security Guards? Yes ____ No ____

I.D. Checkers? Yes ____ No ____

Is there a dance floor? Yes ___ No ___ If Yes, Area = _____ sq.ft./Type of Dancing _____

Does this establishment employ female or male dancers? Yes ____ No ____

Does applicant have any Promotional Events? Happy Hour? _____ Ladies Night? _____

Other? Explain _____

Mechanical bulls or other patron participating activities? Yes ____ No

Does the risk have any playrooms or playgrounds? Yes ___ No ___

Is the risk a Catering establishment or Banquet hall? Yes ____ No

Any Off- Premises Catering? Yes ____ No ____ If Yes, Explain _____

Catering Receipts Percentage in relationship to Total Receipts? _____

Any Delivery operations currently taking place? Yes _____ No _____

LIQUOR INFORMATION

Is Liquor served beyond 2:00 a.m.? Yes ____ No ____

Is Liquor Liability to be quoted through PNIC- Colony Group?

If Yes:

- Advise type of training of Owners, Managers, Employees: _____

- Liquor License Held: Beer/Wine _____ Liquor _____ Both _____

- List and Describe all State Liquor Losses or Violations in Past Three Years. _____

None

If No:

- Advise Carrier, limits of coverage, effective dates, and policy number. _____

No Coverage

Have Alcohol Beverage Servers received Certified training? Yes _____ No _____

LOSS HISTORY

Any prior losses within the past 3 years? Yes ___ No ___ If Yes, Explain: _____

Any incidents involving Assault & Battery occurred in the past three (3) years? Yes _____ No ____ If Yes, Explain: _____

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

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____

Producer License #: _____ Date: _____