



Restaurant Supplement

This Supplemental Application should be fully completed and accompany the necessary ACORD applications

Named Insured: _____ Loc. # _____ Bldg. # _____

Member of NYS Restaurant Association? Yes No Website address of insured: _____

BUILDING UNDERWRITING INFORMATION

1	Number of years applicant has been in business at this location? (2 years min required) _____ Yrs.
2	Number of years of experience applicant has in restaurant management? _____ Yrs.
3	Is the owner of the business active in the management of the restaurant on a daily basis? <input type="checkbox"/> YES <input type="checkbox"/> NO
5	Was building originally built as restaurant? <input type="checkbox"/> YES <input type="checkbox"/> NO
6	If no, has building been completely rewired to accommodate a restaurant? <input type="checkbox"/> YES <input type="checkbox"/> NO
7	Is the roof: <input type="checkbox"/> Pitched <input type="checkbox"/> Flat
8	What percent of the floor area is carpeted? _____ %
9	Seating capacity of the restaurant? # _____
10	Seating capacity of bar? # _____
11	Does the location have any: <input type="checkbox"/> Patios or decks with outside dining <input type="checkbox"/> Beer Gardens <input type="checkbox"/> Boat docks <input type="checkbox"/> Sports areas? If yes, describe type of sports area: _____
12	What type of fire alarm system is at the location: <input type="checkbox"/> Central station <input type="checkbox"/> Local <input type="checkbox"/> None
13	Number of Employees: _____ Full Time; _____ Part Time
14	Has the premises been inspected by the agent? <input type="checkbox"/> YES <input type="checkbox"/> NO Date of inspection _____
15	Housekeeping condition? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair

RESTAURANT (STYLE) FORMAT

1	What is the price of the majority of the applicant's dinner entrées? <input type="checkbox"/> under \$10.00, <input type="checkbox"/> between \$10.00 and \$15.00, <input type="checkbox"/> over \$15.00
2	What type of seating does the applicant have? <input type="checkbox"/> no inside seating (may have tray service to cars or shared seating (i.e. a food) <input type="checkbox"/> inside seating where food is ordered at a counter or drive-through <input type="checkbox"/> inside seating and full table service from waiters or waitresses
3	What percentage of the applicant's total sales does the sale of alcohol represent? _____ %
4	Does the applicant ever have live entertainment? <input type="checkbox"/> YES <input type="checkbox"/> NO
5	If yes, what type of entertainment? <input type="checkbox"/> Piano or Organ Band or <input type="checkbox"/> DJ Number of Nights Per Week _____
6	List the number of Pool Tables (if any): # _____
7	Does the applicant have any other amusement devices (video games, dartboards)? <input type="checkbox"/> YES <input type="checkbox"/> NO
8	Does the applicant have any bouncers or "I D" checkers? ineligible <input type="checkbox"/> NO
9	List the square foot area of any dance floor? _____ Sq. Ft.
10	What is the applicant's latest closing time? _____ a.m. / p.m.
11	Does the insured deliver? <input type="checkbox"/> YES <input type="checkbox"/> NO

GCIC COVERAGE INFORMATION

1	GCIC Enhancement Level? <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum
2	GCIC Class Code _____

OYSTERS, RAW FISH, OR RAW MEAT PRODUCTS *(complete if applicant serves)*

1	Does the applicant serve raw oysters, fish, meats or other raw foods?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Are there warning statements concerning the consuming of raw oysters or other raw foods on the applicant's menu?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Are clearly visible warning signs posted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Number of applicant's staff that have completed a ServSafe program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	Are fish and oyster purchase tags kept for a minimum of 90 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

KITCHEN EQUIPMENT *(Please Check all that apply)*

1	Ovens	Number_____	Age_____	Yrs	FUEL TYPE	<input type="checkbox"/> Gas Fuel	<input type="checkbox"/> Electric	<input type="checkbox"/> Solid Fuel
2	BBQ Pit	Number_____	Age_____	Yrs	FUEL TYPE	<input type="checkbox"/> Gas Fuel	<input type="checkbox"/> Electric	<input type="checkbox"/> Solid Fuel
3	Ranges with Ovens	Number_____	Age_____	Yrs		<input type="checkbox"/> Gas Fuel	<input type="checkbox"/> Electric	
4	Deep Fryers	Number_____	Age_____	Yrs		<input type="checkbox"/> Gas Fuel	<input type="checkbox"/> Electric	
5	Griddles, flat tops	Number_____	Age_____	Yrs		<input type="checkbox"/> Gas Fuel	<input type="checkbox"/> Electric	
6	Broaster	Number_____	Age_____	Yrs		<input type="checkbox"/> Gas Fuel	<input type="checkbox"/> Electric	
7	Microwave	Number_____	Age_____	Yrs		<input type="checkbox"/> Gas Fuel	<input type="checkbox"/> Electric	
8	Standard Broilers	Number_____	Age_____	Yrs		<input type="checkbox"/> Gas Fuel	<input type="checkbox"/> Electric	
9	Char Broilers	Number_____	Age_____	Yrs		<input type="checkbox"/> Gas Fuel	<input type="checkbox"/> Electric	
10	Wok Cooking	Number_____	Age_____	Yrs		<input type="checkbox"/> Gas Fuel	<input type="checkbox"/> Electric	
11	Steam Tables	Number_____	Age_____	Yrs		<input type="checkbox"/> Gas Fuel	<input type="checkbox"/> Electric	
12	Are fuel shut-offs in place on all units?					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
13	Are there High Limit switches on all deep fat fryers?					<input type="checkbox"/> YES	<input type="checkbox"/> NO	

AUTOMATIC FIRE SUPPRESSION SYSTEM

1	What was the date of the last service of the system? _____		
2	Name of Service Co: _____		
3	Phone Number: () _____		
4	Is the maintenance done on a semi-annual basis? _____		
5	What is the brand name of the system? _____		
6	Does it meet UL 300 standards?	<input type="checkbox"/> YES	<i>ineligible</i>
7	Are the filters baffle type filters?	<input type="checkbox"/> YES	<i>ineligible</i>
8	Did the system appear: <input type="checkbox"/> Clean? <input type="checkbox"/> Greasy?		
9	Did the system cover the entire hood, duct, plenum & surface?	<input type="checkbox"/> YES	<i>ineligible</i>
10	Name of company that cleans the system? _____		
11	Phone Number: () _____		
12	Is there a minimum of one type K fire extinguisher in the kitchen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CRIME INFORMATION

1	Are cash registers emptied and left open during non-operation hours?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	What is the amount of the average deposit? \$_____		
3	What is the frequency of the deposits? (daily, every other day, weekly) _____		
4	How is money conveyed to the bank? (private vehicle, company vehicle, by foot) _____		
5	Are background checks conducted on employees that handle money?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	Does the applicant keep a gun on premises?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7	What type of burglar alarm system is at the location? (Central Station, Local, None) _____		

Signature of Applicant* *(Must be owner, Partner or Officer)*

Signature of Agent

* **Signing this application does not bind the Applicant or Company to complete the insurance.**