

IWA RESTAURANT SUPPLEMENTAL APPLICATION



PLEASE SUBMIT ELECTRONICALLY TO: info@iwains.com
OR FAX to 631-913-6033

INFORMATION NEEDED FOR A QUOTE

- Acord
- Restaurant Supplemental
- 4 years of Currently Valued Loss Data
- Schedule of Values
- Vehicle Schedule and Drivers List
- Complete List of Named Insured
- Complete List of Additional Insureds and Certificate Holders

Insured Name: _____ Website: _____

National Store #: _____ Address: _____

Store Type: Freestanding Mall Travel Centers Food Court In-store Strip Center Airport Satellite

Seating Capacity: _____ No. of Parking Spaces: _____

Who is responsible for maintaining the parking lot: _____

If a third party vendor, are certificates of insurance obtained: _____

GENERAL OPERATIONS:

- | | | | | | |
|------------------------------------|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Burglar Alarm | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Armed Security | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fire Alarm | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bathrooms Locked | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| No-skid Floor | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Alcohol Beverages Served | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Delivery | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ansul Systems Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Formal Safety Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Playland: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Surveillance Cameras | <input type="checkbox"/> Yes | <input type="checkbox"/> No | # of Cameras _____ | | |
| Tablesides Cooking | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Wood Burning Stoves | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wine Collection | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Catering | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tablesides Cooking | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Special Events | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sponsor Athletic Events | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Wood Burning Stoves | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any food packaging under own label | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Employees Trained in the Heimlich Maneuver | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Outdoor Signs (over 1,000 ft away from the store): Yes No Sign(s) Value: _____

INSURED HISTORY:

Years in business: _____ No. of locations: _____

Present number of employees: Full-time employees _____ Part-time _____ Seasonal _____ Volunteers _____

SAFETY PROGRAM:

Designated Full-time safety director	Yes	No	
Incentive program for employees	Yes	No	
Accountability for injuries/accidents	Yes	No	Describe: _____
Accident investigation program in place	Yes	No	
Official Safety Program Attached	Yes	No	

OPERATIONS:

Hours of operation: _____ to _____
 Number of Days a Week _____

RESTAURANT:

Average Entrée Price: _____ Separate Lounge/Bar: Yes No
 Total Annual Sales: _____ Liquor Sales: _____

Valet Parking:	Yes	No	
Take-out:	Yes	No	% of revenues _____
Catering:	Yes	No	% of revenues _____
Delivery:	Yes	No	% of revenues _____

KITCHEN INFORMATION:

Is there a UL 300 Compliant Automatic Extinguishing System?	Yes	No
Brand of System:	Ansul	Range Guard
	Kidde	Other _____
Age(s) of System:	_____	
Is there a wet chemical fire extinguisher in all cooking areas?	Yes	No
Is the fire suppression system serviced twice a year on a contracted basis?	Yes	No
Is there a contracted cleaning program for the hood and ventilation systems?	Yes	No
Is the Ansul system a liquid R102 Fire Suppression System?	Yes	No
Do Deep Fat Fryers require thermostats with automatic fuel shut off if temperatures exceed 425*?	Yes	No
Are there Maintenance Agreements for all Refrigeration/Freezing Equipment?	Yes	No
Have there been ANY Board of Health Violations?	Yes	No

What is the Restaurant's Health Department Rating? _____
 Number of times the filters and screens are cleaned in the kitchen per week: _____
 Number of Portable fire extinguishers on premises: _____

ENTERTAINMENT:

Entertainment on premises:	Yes	No
Type of Entertainment:	_____	
Cover Charge:	Yes	No
	If Yes, when and how much: _____	
Dance Floor:	Yes	No
Amusement Devices:	Yes	No
	If "Yes" what type: _____	

LIQUOR LIABILITY SECTION:

Liquor Service Available: Yes No **(If "Yes" Entire Section Must be Completed)**
 Number of Bar Seats: _____ Does the applicant have a valid liquor license: Yes No
 In the past five years, has any there been any legal action brought against the Business Yes No
 In the past five years, has any there been any legal action brought against its employees Yes No

If "Yes" please provide details on a separate sheet

Alcohol Server Training: Yes No Type of Training: _____
 Does the business have a written policy on serving customers? Yes No
 Last Call Given ? Yes No
 Reduced Price Drinks? Yes No
 Does the Establishment offer any open flames and/or incendiary devices including flaring drinks? Yes No
 Are bartenders employees? Yes No
 Are there any off premises sales of alcohol? Yes No

CRIME

Security Guards? Yes No
 Armed Security Guards? Yes No
 ATM On-Site? Yes No
 Deposits kept in Locked Safe? Yes No
 Deposits taken to Bank Daily? Yes No
 Deposits taken to the Bank by a Manager over the Age of 18? Yes No
 Armored Car Service? Yes No
 Any Criminal Convictions against any of the Owners or Managers? Yes No

LOCATION EXPOSURE:

Does insured work within 2 miles of the following building or facilities:
 School Yes No
 Type of School:

FINANCIAL INFORMATION:

Has the owner or business ever been involved in bankruptcies, foreclosure, tax liens or business closings?
 Yes No

I warrant that the information contained herein is true and that it shall be the basis of the policy or Insurance.

New York Applicants:

All Lines Other Than Automobile:

"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."

Automobile:

"Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

Signature of Application: _____ (Owner/Partner/Officer)
Title: _____ Date: _____

By signing this application, there is no representation of coverage being bound; nor a guarantee of the company issuing insurance

Fraud Warnings:

Alabama Applicants:

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

Arkansas, Louisiana, Rhode Island, Washington, and West Virginia Applicants:

“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.”

Colorado Applicants:

“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 claiming 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.”

District of Columbia Applicants:

"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."

Florida Applicants:

“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.”

Hawaii Applicants:

"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."

Kentucky Applicants:

“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.”

Maine Applicants:

“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 denial of insurance benefits.”

Maryland Applicants:

“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.”

New Jersey Applicants:

“Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

New Mexico Applicants:

“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.”

Ohio Applicants:

“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.”

Oklahoma Applicants:

“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.”

Pennsylvania Applicants:

All lines other than automobile:

“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.”

Automobile:

“Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.”

Tennessee, Virginia and Washington Applicants:

"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."

All Other Applicants:

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any 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 may also be subject to a civil penalty, fines, or confinement in prison, or some combination thereof."