

RESTAURANT SUPPLEMENTAL APPLICATION



PLEASE SUBMIT ELECTRONICALLY TO: SUBMISSIONS@IWAINS.COM OR FAX to 631-913-6035

Named Insured: _____

PLEASE ATTACH THE FOLLOWING INFORMATION TO THIS APPLICATION:

- Acord Applications including a schedule of Named Insured and operation associated with each (including LRO)
- Statement of Values (Including Construction Type, Year of Construction, Square Footage & Sprinkler Percentage)
- Schedule of Vehicles (Including Vehicle Cost New & Class Code)
- Currently Valued Loss Runs (Previous **Four** Years & Current Year)

**A completed supplemental is required for each location; unless location differences are noted below.*

General:

Is the current policy active and not in the process of being cancelled or non-renewed? _____

Number of years in operation? _____

Provide operating hours? Any 24 hour operations? _____

Any drive thru operations? _____

Who is responsible for parking lot and sidewalk cleaning and maintenance? _____

If a third party, are hold harmless, additional insured status and certificates of insurance for GL, AL and WC required and held on file? _____

Are security cameras or any other security measures in place? Inside store (Y/N), Outside store (Y/N) Other _____

Any concession operations? _____

Any catering or banquet operations? If so, provide % of sales. _____

Any athletic or special events sponsored? _____

Is this a seasonal operation? Closed for more than 30 consecutive days in a given year? _____

Any delivery services? If so explain. _____

Any insured private label products? If so, provide % of sales. _____

Any business operations other than restaurant operations? _____

Are employees formally trained in Heimlich maneuvers? _____

Any Board of Health citations or Health Department ranking below B? _____

Is there a written loss prevention policy in place?

Does the restaurant provide table service with wait staff? _____

Any guards on premises? Armed or Unarmed? _____

Any live entertainments? If yes, explain. _____

Any interactive amusement devices or activities (i.e. mechanical bulls, trampolines, inflatables, climbing walls, surfboard rides, or swimming pools)? _____

Any special events or private events held? Explain. _____

Any children's' play equipment? _____

Any valet parking provided? In-house or 3rd Party Contracted? _____

Is the property up to date with all safety codes? _____

Liquor:

Does the insured sell liquor? If so, provide % of sales. _____
Is the liquor license in the name of the first named insured? _____
Does the insured have current liquor liability coverage? _____
Any liquor violations in the past 5 years? Has liquor license ever been revoked or suspended? _____
Any off premises liquor sales? _____
Is there a written and active alcohol awareness program? Please explain including frequency of training. _____
Are all bartenders employed? Any guest bartenders used? _____
Any happy hours or drink specials (i.e. 2-4-1, ladies drink free or open bars)? _____
Any drinking games conducted? _____

Property:

Has the roof been replaced or resurfaced within the last 25 years? _____
Are all electrical and HVAC equipment up to code and serviced by a licensed contractor? _____
If HVAC and plumbing system is older than 25 years has it been updated in the past 15 years and recently inspected by a licensed contractor? _____
If electrical system is over 25 years in age has it been updated in the past 15 years and recently inspected by a licensed electrical contractor? _____
Is the premises sprinklered? If so, what is the age and type of sprinkler system in place and how often is it inspected? _____
Are there central station alarm and class ABC fire extinguishers on site? _____
Is there a service agreement with reputable pest control company providing services on a scheduled basis? Frequency? _____
Are exit doors properly marked with lighted exit signs and have panic hardware for egress? _____
Are there protective alarms for fire and burglary? If so, explain. _____
Are security and fire protection devices hooked to local alarm? Central station monitor alarm? _____
Is trash/waste disposed outside of building on a daily basis? _____
Any wood burning stove or fireplace on premises? _____

Cooking:

Are cooking surfaces and equipment compliant with NFPA96? _____
Are cooking surfaces protected by adequate surface UL300 standards extinguishing systems? _____
Are Class K fire extinguishers installed in the cooking areas, inspected and tagged annually? _____
Is there an operative automatic fuel shutoff to all cooking appliances? _____
Are there operative thermostat and over limit heat controls for deep fat fryers? _____
Is there a regular schedule in house for cleaning of hoods, ducts and filters? Explain frequency. _____
Is there a maintenance service agreement for refrigeration/freezing equipment? _____
Are fire extinguishing and fire suppression systems for cooking surfaces inspected and serviced by a qualified service company at least every six months? Is a written record of the service and maintenance kept on file with dates of the inspection service? _____
Is cooking equipment that produces smoke or grease laden vapors Underwriters Laboratory approved? _____
Any table side cooking? _____
Any flames and/or incendiary devices including flaming drinks? _____

Crime:

Has any similar insurance been declined or canceled during the past three years? (Not applicable in Missouri) If yes,

explain. _____
Provide number of employees (FT versus PT) _____
Are cash accounts and inventories audited annually by a CPA? _____
Are bank accounts reconciled by someone not authorized to deposit or withdraw and is a countersignature required? _____
How much cash is held on premises during working hours? _____
Are at least two signatures required on checks over \$1,000? _____
How much cash is held on premises during working hours? _____
Are duties of handling incoming/outgoing checks issued by separate individuals? _____
Are officers and employees required to take annual vacations of at least 5 days? _____
Are incoming checks stamped "For Deposit Only"? _____
Are background checks completed for employees handling cash? _____

Corporate Identity Protection:

Have there been any prior CIP incidents?(Y/N) _____
Is there a network security protocol/procedure in place?(Y/N) _____
Has coverage ever been cancelled or declined?(Y/N) _____
Do you use, maintain and update at a minimum every (90) days, when necessary, antivirus software, firewall software on all broadband connections to the internet and high – speed connections to the internet and software security patches? (Y/N) _____
Do you comply with all data security standards issued by credit card issuers or financial institutions with which you transact business, if you process, store or handle credit information?(Y/N) _____

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."