

ACORD™ RESTAURANT/TAVERN SUPPLEMENT

DATE

PRODUCER <input type="checkbox"/> PHONE (A/C, No, Ext): _____ CODE: _____ SUB CODE: _____ AGENCY CUSTOMER ID: _____	APPLICANT (First Named Insured) _____ LOCATION OF PROPERTY (COMPLETE THIS SUPPLEMENT FOR EACH APPLICABLE LOCATION) TYPE OF BUSINESS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> RESTAURANT</td> <td style="width:25%;"><input type="checkbox"/> FAMILY STYLE</td> <td style="width:25%;"><input type="checkbox"/> NIGHTCLUB</td> <td style="width:25%;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> DINER</td> <td><input type="checkbox"/> BANQUET HALL</td> <td><input type="checkbox"/> BED & BREAK-FAST INN</td> <td><input type="checkbox"/> FRANCHISED</td> </tr> <tr> <td><input type="checkbox"/> FAST FOOD</td> <td><input type="checkbox"/> TAVERN</td> <td><input type="checkbox"/> OTHER</td> <td><input type="checkbox"/> NOT FRANCHISED</td> </tr> </table> SEASONAL YEAR ROUND <input type="checkbox"/>	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> FAMILY STYLE	<input type="checkbox"/> NIGHTCLUB	<input type="checkbox"/>	<input type="checkbox"/> DINER	<input type="checkbox"/> BANQUET HALL	<input type="checkbox"/> BED & BREAK-FAST INN	<input type="checkbox"/> FRANCHISED	<input type="checkbox"/> FAST FOOD	<input type="checkbox"/> TAVERN	<input type="checkbox"/> OTHER	<input type="checkbox"/> NOT FRANCHISED
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HOURS OF OPERATION _____													

GENERAL INFORMATION

1. OWNER OR CORPORATION NOW OR IN THE PAST INVOLVED IN <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> TAX LIEN <input type="checkbox"/> ANY LITIGATION <input type="checkbox"/> FORECLOSURE <input type="checkbox"/> BUSINESS FAILURE	YES	NO	9. AMUSEMENT DEVICES (POOL TABLES, VIDEO GAMES, GAMBLING, ETC)? IF YES, # AND DESCRIPTION.	YES	NO
2. IS ANY ENTERTAINMENT PROVIDED? IF YES, ANSWER QUESTIONS 3-9.			10. ORIGINAL USE AND SUBSEQUENT OCCUPANCIES OF THE BUILDING		
3. NIGHTS OF WEEK <input type="checkbox"/> MONDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> SATURDAY				11. SEATING CAPACITY: _____	
4. AGE OF CLIENTELE: _____			12. IF ALCOHOLIC BEVERAGES ARE SOLD, IS SERVICE RESTRICTED TO BEER AND WINE ONLY?		
5. TYPE OF ENTERTAINMENT <input type="checkbox"/> ROCK GROUP <input type="checkbox"/> DJ <input type="checkbox"/> BAND (ANY KIND) OTHER (DESCRIBE): _____			13. SEASONAL?		
6. DOES A DANCE FLOOR EXIST? IF YES, SHOW AGE GROUPS: <input type="checkbox"/> UNDER 21 <input type="checkbox"/> 21-40 <input type="checkbox"/> OVER 40			14. ANY GRILLING, DEEP FAT FRYING, OPEN BROILING, ROASTING?		
7. IS DANCING PERMITTED?			15. HAS BUSINESS BEEN IN OPERATION LESS THAN 5 YEARS AT THIS LOCATION? IF YES, DESCRIBE PRIOR EXPERIENCE OF OWNER/MANAGER.		
8. BOUNCERS OR DOORMEN? IF YES, EXPLAIN WHY.			16. NUMBER OF EMPLOYEES FULL TIME: _____ PART TIME: _____		

BED & BREAKFAST INN ONLY

1. NAME OF INN _____	YES	NO	6. DESCRIBE EMERGENCY LIGHTING SYSTEMS _____	YES	NO
2. IS INN OPERATED BY OWNERS(S) AND OCCUPIED AS A PERMANENT RESIDENCE BY OWNER(S)? IF NOT, PROVIDE NAME AND EXPERIENCE OF OPERATOR.			7. DOES INN PROVIDE GUESTS WITH ANY SPORTS EQUIPMENT, INCLUDING BOATS, BICYCLES, MOTORCYCLES OR HORSES? IF YES, DESCRIBE.		
3. NUMBER OF GUEST ROOMS: _____				8. WHERE ARE CLEANING SOLVENTS STORED?	
4. HAS PROPERTY BEEN DESIGNATED A HISTORICAL MARKER?			9. IS CABINET LOCKED OR STORED OUT OF REACH OF CHILDREN?		
5. WOODBURNING STOVE OR FIREPLACE INSERT? IF YES, NAME OF MANUFACTURER: DATE INSTALLED: _____					

KITCHEN FIRE PROTECTION

1. U.L. APPROVED AUTOMATIC EXTINGUISHING SYSTEM UNDER MAINTENANCE CONTRACT? IF YES, # MONTHS: _____	YES	NO	5. BC EXTINGUISHER AVAILABLE IN KITCHEN?	YES	NO
2. DOES ABOVE SYSTEM COVER ALL COOKING SURFACES? IF YES, NAME OF SYSTEM: _____			6. HOODS AND DUCTS OVER ALL COOKING EQUIPMENT?		
3. AUTOMATIC GAS OR ELECTRIC SHUT OFFS FOR COOKING?			7. HOODS AND DUCTS MAINTENANCE CONTRACT SCHEDULE? # MONTHS: _____		
4. HOOD AND FILTERS CLEANED WEEKLY BY STAFF?			8. ADEQUATE CLEARANCE BETWEEN HOODS, DUCTS, COOKING EQUIPMENT AND COMBUSTIBLE MATERIALS?		

GENERAL LIABILITY

1. RECEIPTS (LAST 3 YEARS)			YES	NO	5. LODGING OPERATIONS OTHER THAN APARTMENTS? IF YES, DESCRIBE.	YES	NO	
	FOOD	LIQUOR	OTHER					
19	\$	\$	\$					
19	\$	\$	\$					
19	\$	\$	\$					
2. SQUARE FOOTAGE: TOTAL BUILDING: RESTAURANT: APARTMENTS: # APARTMENTS:					6. ANY OTHER ON OR OFF PREMISES EXPOSURES NOT LISTED ABOVE? IF YES, DESCRIBE.			
3. OFF PREMISES PARKING? IF YES, ADDRESS:					7. ADEQUATE EMERGENCY EXITS PROVIDED, EQUIPPED WITH PANIC HARDWARE?			
			SQUARE FOOTAGE		8. NON-OWNED AUTOMOBILE? IF YES, # OF EMPLOYEES:			
4. ON OR OFF PREMISES CATERING/BANQUET? IF YES: % OF TOTAL RECEIPTS: DESCRIBE CATERING OPERATION					9. VALET PARKING? IF YES, IS GARAGE KEEPER LIABILITY REQUIRED?			
					10. ANY DELIVERIES? IF YES, DESCRIBE.			

LIQUOR LIABILITY

			YES	NO			YES	NO	
1. DOES APPLICANT SERVE ALCOHOL?					8. # OF BARS ON PREMISES: IS THERE A STEADY BAR CLIENTELE?				
2. DOES APPLICANT HAVE LIQUOR LICENSE? IF YES, TYPE AND #:					9. IS THERE A HAPPY HOUR? REDUCED PRICE DRINKS?				
3. DOES APPLICANT SELL PACKAGE GOODS? IF YES, % OF LIQUOR RECEIPTS:					10. IS A LAST CALL GIVEN? IF YES, WHAT TIME?				
4. # OF BARTENDERS: # OF WAITERS/WAITRESSES: AVG LENGTH OF EMPLOYMENT:					11. ARE SHOTS GIVEN? SHOTS SPECIALS?				
5. ARE EMPLOYEES GIVEN LIQUOR TRAINING? IF YES, EXPLAIN TYPE AND WHEN TRAINED.					12. HAVE THERE BEEN ANY LIQUOR BOARD VIOLATIONS? IF YES, LIST ALL VIOLATIONS.				
6. DOES APPLICANT HAVE WRITTEN POLICY ON SERVING ALCOHOL FOR EMPLOYEES AND CUSTOMERS?									
7. IS MANAGEMENT NOTIFIED PRIOR TO SHUTTING OFF PATRONS? IS DOCUMENTATION KEPT ON EACH INCIDENT?									

FINANCIAL INFORMATION - MOST RECENT 12 MONTH PERIOD

TOTAL OPERATING EXPENSES (FOOD AND LIQUOR ONLY)	\$
TOTAL OPERATING EXPENSES (OTHER THAN COST OF FOOD AND LIQUOR)	\$
NET PROFIT OR LOSS (IF LOSS, ATTACH FINANCIAL STATEMENT)	\$
ACCOUNTS PAYABLE	\$
NOTES PAYABLE (NOT TO BANKS)	\$
BANK LOANS PAYABLE	\$

REMARKS

ATTACHMENTS

	FINANCIAL STATEMENT
	PHOTOS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)