

# NORTH SEA INSURANCE COMPANY®

50 W. HAWTHORNE AVE., PO BOX 1270  
VALLEY STREAM, NY 11582-1270  
PHONE 516-825-2800 FAX 516-823-2391; 516-823-2391; 516-823-2384  
E-MAIL apps@north-sea-ins.com

## RESTAURANT/TAVERN APPLICATION

### Applicant's

Name: \_\_\_\_\_ Broker: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

### Location:

Phone #: \_\_\_\_\_

PROPOSED POLICY TERM: 12:01 AM

From \_\_\_\_\_ to \_\_\_\_\_

Applicant is: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other (describe) \_\_\_\_\_

### Property Coverage requested:

Building Limit \$ \_\_\_\_\_

Personal Property Limit \$ \_\_\_\_\_

Cause of Loss: Basic \_\_\_\_\_ Broad \_\_\_\_\_

Special \_\_\_\_\_ Special excluding Theft \_\_\_\_\_

Co-ins \_\_\_\_\_% Deductible \$ \_\_\_\_\_

Valuation: ACV \_\_\_\_\_ or RC \_\_\_\_\_

### Liability Coverage requested:

General Aggregate \$ \_\_\_\_\_

Products-Completed Operations Aggregate \$ \_\_\_\_\_

Personal and Advertising Injury \$ \_\_\_\_\_

Each Occurrence \$ \_\_\_\_\_

Damage to Rented Premises (Fire Legal) \$ \_\_\_\_\_

Medical Expense Per Person \$ \_\_\_\_\_

Business Income \$ \_\_\_\_\_

co-ins \_\_\_\_\_% or monthly limit \_\_\_\_\_%

Outdoor Sign: Limit \$ \_\_\_\_\_

Sign Construction: metal \_\_\_\_\_ or other \_\_\_\_\_

Spoilage Coverage: Limit \$ \_\_\_\_\_

Breakdown/Contamination \_\_\_\_\_ Power Outage \_\_\_\_\_

Breakdown/Contamination/Power Outage \_\_\_\_\_

Refrigeration maintenance agreement? \_\_\_\_\_ (yes/no)

Liquor Liability \$ \_\_\_\_\_

### Add'l Insured Landlord

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Risk: tavern \_\_\_\_\_ caterer \_\_\_\_\_ disco \_\_\_\_\_ hall \_\_\_\_\_ pizza parlor \_\_\_\_\_ other (specify) \_\_\_\_\_

take out restaurant(no seating) \_\_\_\_\_ fast food restaurant \_\_\_\_\_ family style restaurant \_\_\_\_\_ seasonal restaurant \_\_\_\_\_

Clientele: local residents \_\_\_\_\_ families \_\_\_\_\_ college students \_\_\_\_\_ seniors \_\_\_\_\_ tourists \_\_\_\_\_

average age of patrons: 18-25 \_\_\_\_\_ 25-30 \_\_\_\_\_ 30-40 \_\_\_\_\_ 40 & over \_\_\_\_\_

Description of property: frame \_\_\_\_\_ joisted masonry \_\_\_\_\_ non-combustible \_\_\_\_\_ fire resistive \_\_\_\_\_

# of stories \_\_\_\_\_ other occupants: \_\_\_\_\_

year built \_\_\_\_\_ upgrading: roof \_\_\_\_\_ electric \_\_\_\_\_ plumbing \_\_\_\_\_ other (specify) \_\_\_\_\_

area occupied(sq ft) \_\_\_\_\_ area of entire bldg(sq ft) \_\_\_\_\_ sprinkler system \_\_\_\_\_ # of fire extinguishers \_\_\_\_\_

automatic fire suppression system \_\_\_\_\_ service contract \_\_\_\_\_ fire alarm \_\_\_\_\_ burglar alarm \_\_\_\_\_

private room \_\_\_\_\_ parking: valet \_\_\_\_\_ or lot \_\_\_\_\_

### General Information:

Number of years under current management? \_\_\_\_\_ Hours of operation \_\_\_\_\_ to \_\_\_\_\_

Days open (list Mon, Tues, etc) \_\_\_\_\_ Season open \_\_\_\_\_

Is there any live entertainment? \_\_\_\_\_ if yes, describe \_\_\_\_\_

Is there dancing? \_\_\_\_\_ if yes, how often \_\_\_\_\_ area of dance floor (square feet) \_\_\_\_\_

Do you have any amusement devices? \_\_\_\_\_ if yes, describe \_\_\_\_\_

Do you have a bar, other than a service bar? \_\_\_\_\_ length of bar \_\_\_\_\_ feet # of seats at bar \_\_\_\_\_  
Is there a cover charge? \_\_\_\_\_ Is there a "happy hour"? \_\_\_\_\_ # of bouncers \_\_\_\_\_  
Sports on premises (darts, etc.)? \_\_\_\_\_ Sponsor any sports, games or teams? \_\_\_\_\_ If yes, describe \_\_\_\_\_  
Are facilities available for catering, private parties, banquets, weddings, etc.? \_\_\_\_\_ If yes, describe \_\_\_\_\_

Do you have a dock? \_\_\_\_\_ Are docking facilities available for customers use? \_\_\_\_\_  
Do you use a janitorial service for cleaning floor area and restrooms? \_\_\_\_\_ Name \_\_\_\_\_

**Kitchen Information**

How often are hoods and ducts cleaned? \_\_\_\_\_ weekly \_\_\_\_\_ daily How often are filters cleaned? \_\_\_\_\_ weekly \_\_\_\_\_ daily  
Who does routine cleaning on hoods, ducts and filters? \_\_\_\_\_ employees \_\_\_\_\_ professional cleaning service  
Your automatic fire suppression system is serviced \_\_\_\_\_ quarterly \_\_\_\_\_ semi-annually. Date last serviced \_\_\_\_\_  
Do you have a contract for this service? \_\_\_\_\_ Name of contractor \_\_\_\_\_  
Is your deep fat fryer at least 18" from an open flame/combustible materials or protected by a metal baffle? \_\_\_\_\_  
Is your deep fat fryer protected by your automatic fire suppression system? \_\_\_\_\_ # of fire extinguishers \_\_\_\_\_  
Do you cook in ovens only (no frying or grilling)? \_\_\_\_\_ Do you cook in microwave ovens only? \_\_\_\_\_

**Exposure information:**

Annual gross sales for food \$ \_\_\_\_\_ Annual gross sales for liquor \$ \_\_\_\_\_

Annual gross sales for catering \$ \_\_\_\_\_ % Off premises catering \_\_\_\_\_ %

# of employees: full time \_\_\_\_\_ part time \_\_\_\_\_

Area (sq. ft.) \_\_\_\_\_ Parking lot area (sq ft) \_\_\_\_\_

**Inspection Contact:** Name \_\_\_\_\_ Phone # \_\_\_\_\_

Must inspector call prior to inspection? \_\_\_\_\_ yes \_\_\_\_\_ no. If no, when is the best time for our inspector to visit the location? \_\_\_\_\_

**Mortgage Holder:** Name \_\_\_\_\_

Address \_\_\_\_\_

**Loss Information:**

Has your insurance been canceled or non-renewed in the past three years? If yes, explain for what reason \_\_\_\_\_

**Provide three year loss history**

Previous Carrier policy period policy number \$premium \$ losses paid \$ losses open loss description...

Are loss runs available from above companies? \_\_\_\_\_ If no, why not \_\_\_\_\_

Have loss run been requested? \_\_\_\_\_ Will loss runs be received prior to binding? \_\_\_\_\_ If not, when \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING 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.

Applicants signature \_\_\_\_\_ date \_\_\_\_\_

Brokers signature \_\_\_\_\_ date \_\_\_\_\_

WebRestApp9-03

