

Supplemental Application – Restaurants

Applicant Name: _____	Date: _____
Location Address: _____	
Web Site: _____	

Business Information:

Years experience of mgmt. at this location: _____ Total years experience in this industry: _____

Any prior bankruptcies or liquidations? Yes No Describe: _____

Hours of operation:

<u>Mon. – Thu.</u>	<u>Fri.</u>	<u>Sat.</u>	<u>Sun.</u>

Premises Information:

When were updates for:

- Electricity: _____ Partial or complete? _____
- Plumbing: _____ Partial or complete? _____
- Roofing: _____ Partial or complete? _____
- HVAC: _____ Partial or complete? _____

Are buildings sprinklered? Yes No Percentage: _____

Are there smoke detectors? Yes No Hard wired or battery operated? _____

Are there fire alarms? Yes No Central station, local or pull alarms? _____

Is there aluminum wiring on premises? Yes No Describe: _____

Is the aluminum wiring repaired? Yes No Describe: _____

Clearly marked fire exits? Yes No Secondary means of egress on each floor? Yes No

Emergency lighting? Yes No

Is there a parking lot located on premises? Yes No

Is the parking lot owned, operated & maintained by applicant? Yes No

What is the size of the parking lot? _____

Are there any weapons on premises? Yes No Describe: _____

Is there a valet parking service? Yes No

Is the valet parking provided by an independent service company? Yes No

Is the valet service required to maintain indemnity insurance? Yes No

Restaurant/Cooking Exposure:

Is there cooking done on the premises? Yes No

Any sub-contracted cooking facilities? Yes No Is indemnity ins. required? Yes No

Type of cooking - Deep Fat Fryers? Yes No

- Griddles? Yes No

- Grill/BBQ Pit? Yes No

Does establishment serve any raw seafood? Yes No Describe: _____

Are there any banquet facilities? Yes No Square footage: _____

Maximum occupancy: _____

Any off-premises catering? Yes No Describe: _____

Is there an automatic suppression system over all cooking surfaces? Yes No Is there an automatic shut-off? Yes No

Is there an independent cleaning contract for hoods & ducts? Yes No How often is system cleaned? _____

Have there been any Health Dept. violations? Yes No Describe: _____

Liquor Liability: Check here if no Liquor is sold or furnished

Have you ever had your liquor license revoked or suspended? Yes No Describe: _____

Any prior liquor citations or law violations? Yes No Describe: _____

Do all servers receive formal Alcohol Awareness training? Yes No Describe: _____

Do you sponsor any drink specials (i.e., 2-for-1, ladies night, etc.)? Yes No Describe: _____

Do you have any package sales? Yes No Describe: _____

Do you have any drive-thru facilities? Yes No Describe: _____

Do you admit anyone under 21? Yes No Describe: _____

Age of clientele (percentages):

	<u>Under 21</u>	<u>21 thru 30</u>	<u>31 thru 40</u>	<u>Over 40</u>

Are patrons allowed to bring in their own alcoholic beverages? Yes No

Are you open later than other establishments in the area? Yes No

Do you provide cab service or have a designated driver program? Yes No

Is there any off-premises liquor catering? Yes No

Entertainment: Check here if no Entertainment

- Is there a dance floor? Yes No Sq. footage: _____
- Are there any mechanical devices? Yes No Describe: _____
- Are there any gambling devices or tables? Yes No Describe: _____
- Are there any pool or billiards tables? Yes No Describe: _____
- Are there any athletic events? Yes No Describe: _____
- Are there any promotional events (such as Teen Night, Wet T-Shirt or Foam Contests)? Yes No Describe: _____
- Are there any special activities (such as mud wrestling, bungee jumping, Velcro suits or mosh pits)? Yes No Describe: _____
- Other special or promotional activities? Yes No Describe: _____

LIVE Entertainment: Check here if no LIVE Entertainment

- Is there a DJ or karaoke? Yes No Describe: _____
- Is there any topless or Go-Go dancing? Yes No Describe: _____
- Are there any comedians or stand-up entertainers? Yes No Describe: _____
- Any live performers: - Country? Yes No No. nights per week: _____
- Piano/Solo Acts? Yes No No. nights per week: _____
- Rock/Disco? Yes No No. nights per week: _____
- Other Yes No No. nights per week: _____
- Are there any national known performers? Yes No Describe: _____
- Are there any promoters? Yes No Describe: _____
- Any special effects: - Lighting/Sound? Yes No
- Smoke? Yes No
- Pyrotechnics? Yes No
- Other live entertainment? Yes No Describe: _____

Gross Receipts:

<u>Other Operations</u>	<u>Bar/Lounge</u>	<u>Restaurant</u>
Sales/receipts _____	Food _____	Food _____
Rentals _____	Liquor _____	Liquor _____
Other _____	Catering _____	Catering _____
Total _____	Total _____	Total _____

Representation & Warranty Statement:

I have read this Application and I represent that all of the foregoing statements are true and accurate and that these statements are offered as the basis upon which Apex is considering issuance of an insurance policy. Any missing or erroneous information in this Application may jeopardize coverage in the event of a claim under any policy issued by Apex.

WARNING: 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.

Applicant: _____ **Title:** _____ **Date:** _____