

# 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><input type="checkbox"/> RESTAURANT</td> <td><input type="checkbox"/> FAMILY STYLE</td> <td><input type="checkbox"/> NIGHTCLUB</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> DINER</td> <td><input type="checkbox"/> BANQUET HALL</td> <td><input type="checkbox"/> BED &amp; BREAK-FAST INN</td> <td><input type="checkbox"/> FRANCHISED</td> <td><input type="checkbox"/> SEASONAL</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> <td><input type="checkbox"/> YEAR ROUND</td> </tr> </table> HOURS OF OPERATION	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> FAMILY STYLE	<input type="checkbox"/> NIGHTCLUB	<input type="checkbox"/>	<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"/> SEASONAL	<input type="checkbox"/> FAST FOOD	<input type="checkbox"/> TAVERN	<input type="checkbox"/> OTHER	<input type="checkbox"/> NOT FRANCHISED	<input type="checkbox"/> YEAR ROUND
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## 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  2. IS ANY ENTERTAINMENT PROVIDED? IF YES, ANSWER QUESTIONS 3-9.  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  4. AGE OF CLIENTELE:  5. TYPE OF ENTERTAINMENT <input type="checkbox"/> ROCK GROUP <input type="checkbox"/> DJ <input type="checkbox"/> BAND (ANY KIND) OTHER (DESCRIBE): _____  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  7. IS DANCING PERMITTED?  8. BOUNCERS OR DOORMEN? IF YES, EXPLAIN WHY.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:90%;">           9. AMUSEMENT DEVICES (POOL TABLES, VIDEO GAMES, GAMBLING, ETC)? IF YES, # AND DESCRIPTION.         </td> <td style="width:10%; text-align: center;">           YES NO  <input type="checkbox"/> <input type="checkbox"/> </td> </tr> <tr> <td colspan="2" style="border: none;">10. ORIGINAL USE AND SUBSEQUENT OCCUPANCIES OF THE BUILDING</td> </tr> <tr> <td colspan="2" style="border: none;">11. SEATING CAPACITY:</td> </tr> <tr> <td colspan="2" style="border: none;">12. IF ALCOHOLIC BEVERAGES ARE SOLD, IS SERVICE RESTRICTED TO BEER AND WINE ONLY?</td> </tr> <tr> <td colspan="2" style="border: none;">13. SEASONAL?</td> </tr> <tr> <td colspan="2" style="border: none;">14. ANY GRILLING, DEEP FAT FRYING, OPEN BROILING, ROASTING?</td> </tr> <tr> <td colspan="2" style="border: none;">15. HAS BUSINESS BEEN IN OPERATION LESS THAN 5 YEARS AT THIS LOCATION? IF YES, DESCRIBE PRIOR EXPERIENCE OF OWNER/MANAGER.</td> </tr> <tr> <td colspan="2" style="border: none;">16. NUMBER OF EMPLOYEES FULL TIME: _____ PART TIME: _____</td> </tr> </table>	9. AMUSEMENT DEVICES (POOL TABLES, VIDEO GAMES, GAMBLING, ETC)? IF YES, # AND DESCRIPTION.	YES NO <input type="checkbox"/> <input type="checkbox"/>	10. ORIGINAL USE AND SUBSEQUENT OCCUPANCIES OF THE BUILDING		11. SEATING CAPACITY:		12. IF ALCOHOLIC BEVERAGES ARE SOLD, IS SERVICE RESTRICTED TO BEER AND WINE ONLY?		13. SEASONAL?		14. ANY GRILLING, DEEP FAT FRYING, OPEN BROILING, ROASTING?		15. HAS BUSINESS BEEN IN OPERATION LESS THAN 5 YEARS AT THIS LOCATION? IF YES, DESCRIBE PRIOR EXPERIENCE OF OWNER/MANAGER.		16. NUMBER OF EMPLOYEES FULL TIME: _____ PART TIME: _____	
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## BED & BREAKFAST INN ONLY

1. NAME OF INN  2. IS INN OPERATED BY OWNERS(S) AND OCCUPIED AS A PERMANENT RESIDENCE BY OWNER(S)? IF NOT, PROVIDE NAME AND EXPERIENCE OF OPERATOR.  3. NUMBER OF GUEST ROOMS: 4. HAS PROPERTY BEEN DESIGNATED A HISTORICAL MARKER? 5. WOODBURNING STOVE OR FIREPLACE INSERT? IF YES, NAME OF MANUFACTURER: DATE INSTALLED: _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:90%;">           6. DESCRIBE EMERGENCY LIGHTING SYSTEMS         </td> <td style="width:10%; text-align: center;">           YES NO  <input type="checkbox"/> <input type="checkbox"/> </td> </tr> <tr> <td colspan="2" style="border: none;">7. DOES INN PROVIDE GUESTS WITH ANY SPORTS EQUIPMENT, INCLUDING BOATS, BICYCLES, MOTORCYCLES OR HORSES? IF YES, DESCRIBE.</td> </tr> <tr> <td colspan="2" style="border: none;">8. WHERE ARE CLEANING SOLVENTS STORED?</td> </tr> <tr> <td colspan="2" style="border: none;">9. IS CABINET LOCKED OR STORED OUT OF REACH OF CHILDREN?</td> </tr> </table>	6. DESCRIBE EMERGENCY LIGHTING SYSTEMS	YES NO <input type="checkbox"/> <input type="checkbox"/>	7. DOES INN PROVIDE GUESTS WITH ANY SPORTS EQUIPMENT, INCLUDING BOATS, BICYCLES, MOTORCYCLES OR HORSES? IF YES, DESCRIBE.		8. WHERE ARE CLEANING SOLVENTS STORED?		9. IS CABINET LOCKED OR STORED OUT OF REACH OF CHILDREN?	
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## KITCHEN FIRE PROTECTION

1. U.L. APPROVED AUTOMATIC EXTINGUISHING SYSTEM UNDER MAINTENANCE CONTRACT? IF YES, # MONTHS: _____ 2. DOES ABOVE SYSTEM COVER ALL COOKING SURFACES? IF YES, NAME OF SYSTEM: 3. AUTOMATIC GAS OR ELECTRIC SHUT OFFS FOR COOKING? 4. HOOD AND FILTERS CLEANED WEEKLY BY STAFF?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:90%;">           5. BC EXTINGUISHER AVAILABLE IN KITCHEN?         </td> <td style="width:10%; text-align: center;">           YES NO  <input type="checkbox"/> <input type="checkbox"/> </td> </tr> <tr> <td colspan="2" style="border: none;">6. HOODS AND DUCTS OVER ALL COOKING EQUIPMENT?</td> </tr> <tr> <td colspan="2" style="border: none;">7. HOODS AND DUCTS MAINTENANCE CONTRACT SCHEDULE? # MONTHS: _____</td> </tr> <tr> <td colspan="2" style="border: none;">8. ADEQUATE CLEARANCE BETWEEN HOODS, DUCTS, COOKING EQUIPMENT AND COMBUSTIBLE MATERIALS?</td> </tr> </table>	5. BC EXTINGUISHER AVAILABLE IN KITCHEN?	YES NO <input type="checkbox"/> <input type="checkbox"/>	6. HOODS AND DUCTS OVER ALL COOKING EQUIPMENT?		7. HOODS AND DUCTS MAINTENANCE CONTRACT SCHEDULE? # MONTHS: _____		8. ADEQUATE CLEARANCE BETWEEN HOODS, DUCTS, COOKING EQUIPMENT AND COMBUSTIBLE MATERIALS?	
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**GENERAL LIABILITY**

1. RECEIPTS (LAST 3 YEARS)			YES	NO	5. LODGING OPERATIONS OTHER THAN APARTMENTS? IF YES, DESCRIBE.		YES	NO
	FOOD	LIQUOR	OTHER					
19 ___	\$	\$	\$					
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19 ___	\$	\$	\$		6. ANY OTHER ON OR OFF PREMISES EXPOSURES NOT LISTED ABOVE? IF YES, DESCRIBE.			
2. SQUARE FOOTAGE: TOTAL BUILDING: _____ APARTMENTS: _____			RESTAURANT: _____ # APARTMENTS: _____					
3. OFF PREMISES PARKING? IF YES, ADDRESS: _____					7. ADEQUATE EMERGENCY EXITS PROVIDED, EQUIPPED WITH PANIC HARDWARE?			
SQUARE FOOTAGE _____								
4. ON OR OFF PREMISES CATERING/BANQUET? IF YES: _____					8. NON-OWNED AUTOMOBILE? IF YES, # OF EMPLOYEES: _____			
% 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:			
2. DOES APPLICANT HAVE LIQUOR LICENSE? IF YES, TYPE AND #:					IS THERE A STEADY BAR CLIENTELE?			
3. DOES APPLICANT SELL PACKAGE GOODS? IF YES, % OF LIQUOR RECEIPTS:					9. IS THERE A HAPPY HOUR? REDUCED PRICE DRINKS?			
4. # OF BARTENDERS: _____ # OF WAITERS/WAITRESSES: _____ AVG LENGTH OF EMPLOYMENT: _____					10. IS A LAST CALL GIVEN? IF YES, WHAT TIME?			
5. ARE EMPLOYEES GIVEN LIQUOR TRAINING? IF YES, EXPLAIN TYPE AND WHEN TRAINED.					11. ARE SHOTS GIVEN? SHOTS SPECIALS?			
6. DOES APPLICANT HAVE WRITTEN POLICY ON SERVING ALCOHOL FOR EMPLOYEES AND CUSTOMERS?					12. HAVE THERE BEEN ANY LIQUOR BOARD VIOLATIONS? IF YES, LIST ALL VIOLATIONS.			
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**

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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)