



Restaurant/Tavern/Bar Supplemental

Application Named Insured:

Agent Name and Phone:

Effective Date:

Risk Control Contact Name:

Phone Number:

Account

- 1. What are the hours of operation?
2. Does the business have a website?
Please provide URL:
Percentage of sales from the internet or e-commerce:
3. Are any lodging facilities operated in conjunction with the restaurant?
4. How long has the insured been in business at this location?

Liability

- 5. Do the employees use their own or the business' vehicles to deliver food off premises?
6. Check all of the following drink specials or events that may apply:
7. If Liquor Legal Liability is requested, has application CX-1238 been completed?
8. What type of training do employees receive for safe food handling practices?
9. If raw seafood is served, what type of warning is provided to the patron?
10. Is there catering?
11. Are independent contractors hired to perform maintenance, repair, or other construction work?

Please check all applicable

- There is a standard written and signed contract between the business and the contractor.
The contract requires the contractor to name the business as an additional insured for both operations

and completed operations.

- The contractor must agree to indemnify and hold harmless the business. Unknown
- The contractor provides a certificate with proof that the contractor has Workers Compensation and General Liability insurance with limits at \$1 million/\$1 million minimum. Unknown

12. Is there valet parking? Yes No Unknown

Property

13. Is there an automatic sprinkler system? Yes No Unknown

(a) What percent of the building is sprinklered?

- 90-100% 50-89% Less than 50% Unknown

(b) If less than 90% of the building is sprinklered, what portion is sprinklered?

(c) Age of sprinkler system

- less than 10 yrs 10-25 years 26-49 years 50 or more years Unknown

(d) Type of sprinkler system Wet Dry Other Unknown

Please Describe:

(e) Was sprinkler system designed for present occupancy? Yes No Unknown

(f) Is a subcontractor responsible for sprinkler system inspection, testing and maintenance?

- Yes No, Self Maintained Unknown

Name of subcontractor:

(g) How often is the sprinkler system maintenance and inspection performed?

- Monthly Quarterly Semi Annually Annually Unknown

(h) Are sprinkler alarms installed? Yes No Unknown

Are they: Water Flow Valve Closure Unknown

14. Please check all types of protection at the premises:

- | | |
|---|---|
| <input type="checkbox"/> Local Alarm | <input type="checkbox"/> Central Station (constantly monitored) |
| <input type="checkbox"/> Burglar Alarm | <input type="checkbox"/> Full Perimeter Intrusion Alarm |
| <input type="checkbox"/> Heat Detection | <input type="checkbox"/> Motion Detection |
| <input type="checkbox"/> Fire Extinguisher(s) | <input type="checkbox"/> Smoke Detection |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other |

Please Describe:

15. Are electrical wiring, lights and outlets protected from grease laden vapors? Yes No Unknown

16. Is there a deep fat fryer? Yes No Unknown

(a) What types of cooking oils are used? Animal Vegetable Unknown

(b) Is there a 16" separator between fryers and adjacent cooking appliances and/or equipment? Yes No Unknown

17. Are all hoods, ducts, grease filters and surface cooking equipment (including deep fat fryers) protected by a UL listed automatic fire suppression system? Yes No Unknown

(a) Is there a service/maintenance agreement in place for the protective systems? Yes No Unknown

(b) Name of Firm:

(b) Is the fire suppression system professionally inspected and serviced at least every six months? Yes No Unknown

(c) Date last serviced:

(d) How often are exhaust systems, hoods and ducts cleaned?

Quarterly Semi-annually Annually Unknown

(e) How often are filters cleaned:

Weekly Bi-Weekly Monthly Unknown

(f) Does the system automatically shut off all sources of fuel and heat to equipment protected by the suppression system (including electrically heated deep fat fryers)?

Yes No Unknown

(g) Does the system have a manual pull fuel shut-off valve readily accessible?

Yes No Unknown

18 Is the building a converted structure?

Yes No Unknown

19. Is the building designed for the business occupancy?

Yes No Unknown

Additional Comments:

_____ SIGNATURE OF APPLICANT	_____ DATE
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