

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 & 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
<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												

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. _____	9. AMUSEMENT DEVICES (POOL TABLES, VIDEO GAMES, GAMBLING, ETC)? IF YES, # AND DESCRIPTION. _____ 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: _____
--	---

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: _____	6. DESCRIBE EMERGENCY LIGHTING SYSTEMS _____ 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? _____
--	---

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? _____	5. BC EXTINGUISHER AVAILABLE IN KITCHEN? _____ 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? _____
---	---

GENERAL LIABILITY

1. RECEIPTS (LAST 3 YEARS) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:30%; text-align: center;">FOOD</td> <td style="width:30%; text-align: center;">LIQUOR</td> <td style="width:30%; text-align: center;">OTHER</td> <td style="width:5%; text-align: center;">YES</td> <td style="width:5%; text-align: center;">NO</td> </tr> <tr> <td>19 ___</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td></td> <td></td> </tr> <tr> <td>19 ___</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td></td> <td></td> </tr> <tr> <td>19 ___</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td></td> <td></td> </tr> </table>				FOOD	LIQUOR	OTHER	YES	NO	19 ___	\$	\$	\$			19 ___	\$	\$	\$			19 ___	\$	\$	\$			5. LODGING OPERATIONS OTHER THAN APARTMENTS? IF YES, DESCRIBE. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:5%; text-align: center;">YES</td> <td style="width:5%; text-align: center;">NO</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			YES	NO		<input type="checkbox"/>	<input type="checkbox"/>
	FOOD	LIQUOR	OTHER	YES	NO																													
19 ___	\$	\$	\$																															
19 ___	\$	\$	\$																															
19 ___	\$	\$	\$																															
	YES	NO																																
	<input type="checkbox"/>	<input type="checkbox"/>																																
2. SQUARE FOOTAGE: TOTAL BUILDING: _____ APARTMENTS: _____ RESTAURANT: _____ # APARTMENTS: _____			6. ANY OTHER ON OR OFF PREMISES EXPOSURES NOT LISTED ABOVE? IF YES, DESCRIBE. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:5%; text-align: center;">YES</td> <td style="width:5%; text-align: center;">NO</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			YES	NO		<input type="checkbox"/>	<input type="checkbox"/>																								
	YES	NO																																
	<input type="checkbox"/>	<input type="checkbox"/>																																
3. OFF PREMISES PARKING? IF YES, ADDRESS: _____			7. ADEQUATE EMERGENCY EXITS PROVIDED, EQUIPPED WITH PANIC HARDWARE? <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:5%; text-align: center;">YES</td> <td style="width:5%; text-align: center;">NO</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			YES	NO		<input type="checkbox"/>	<input type="checkbox"/>																								
	YES	NO																																
	<input type="checkbox"/>	<input type="checkbox"/>																																
4. ON OR OFF PREMISES CATERING/BANQUET? IF YES: _____ % OF TOTAL RECEIPTS: _____ DESCRIBE CATERING OPERATION _____			8. NON-OWNED AUTOMOBILE? IF YES, # OF EMPLOYEES: _____ <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:5%; text-align: center;">YES</td> <td style="width:5%; text-align: center;">NO</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			YES	NO		<input type="checkbox"/>	<input type="checkbox"/>																								
	YES	NO																																
	<input type="checkbox"/>	<input type="checkbox"/>																																
_____ SQUARE FOOTAGE _____			9. VALET PARKING? IF YES, IS GARAGE KEEPER LIABILITY REQUIRED? <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:5%; text-align: center;">YES</td> <td style="width:5%; text-align: center;">NO</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			YES	NO		<input type="checkbox"/>	<input type="checkbox"/>																								
	YES	NO																																
	<input type="checkbox"/>	<input type="checkbox"/>																																
_____			10. ANY DELIVERIES? IF YES, DESCRIBE. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:5%; text-align: center;">YES</td> <td style="width:5%; text-align: center;">NO</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			YES	NO		<input type="checkbox"/>	<input type="checkbox"/>																								
	YES	NO																																
	<input type="checkbox"/>	<input type="checkbox"/>																																

LIQUOR LIABILITY

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

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

	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:95%;">FINANCIAL STATEMENT</td> </tr> <tr> <td></td> <td>PHOTOS</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		FINANCIAL STATEMENT		PHOTOS								
	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)