AGENCY CUSTOMER ID: _____

LOC #: _____ BLDG #: _____

RESTAURANT / TAVERN SUPPLEMENT

COMPLETE THIS SUPPLEMENT FOR EACH APPLICABLE LOCATION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED / APPLICANT

GENERAL RATING / UNDERWRITING

RECEIPTS (LAST 3 YEARS)

	FOOD	LIQUOR	% OF TOTAL SALES	OTHER (Describe Below)	
YEAR:	$	$		$	
YEAR:	$	$		$	
YEAR:	$	$		$	

FINANCIAL INFORMATION - MOST RECENT 12 MONTH PERIOD

TOTAL OPERATING EXPENSES (FOOD AND LIQUOR ONLY)	$	ACCOUNTS PAYABLE	$
TOTAL OPERATING EXPENSES (OTHER THAN COST OF FOOD AND LIQUOR)	$	NOTES PAYABLE (NOT TO BANKS)	$
NET PROFIT OR LOSS (IF LOSS, ATTACH FINANCIAL STATEMENT)	$	BANK LOANS PAYABLE	$

TYPE OF BUSINESS - CHECK ONLY ONE

RESTAURANT TYPE	BUSINESS TYPE
☐ DELI	☐ FRANCHISED
☐ BAR	☐ NOT FRANCHISED
☐ TAVERN	☐ PRIVATE / MEMBERSHIP
☐ FINE DINING	
☐ BANQUET HALL	**SEATING CAPACITY**
☐ FAST FOOD	
☐ RESTAURANT WITH TABLE SERVICE	
☐ RESTAURANT WITHOUT TABLE SERVICE	

HOURS OF OPERATION	24 HOUR OPERATION? (Y / N)	OPENING TIME	CLOSING TIME	ENTERTAINMENT PROVIDED
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

CHECK ALL THAT APPLY

☐ CATERING / BANQUET OPERATIONS — % OF TOTAL RECEIPTS: _____

☐ ON PREMISES ☐ OFF PREMISES DESCRIBE:

☐ STAIRWAY(S) ☐ ELEVATOR(S) ☐ ESCALATOR(S)

☐ EMERGENCY LIGHTING SYSTEMS (Describe):

VALET PARKING

☐ VALET PARKING BY EMPLOYEES ☐ GARAGE KEEPERS LEGAL LIABILITY REQUIRED / MAINTAINED FOR VALET PARKING BY EMPLOYEES

☐ VALET PARKING BY THIRD PARTY ☐ CERTIFICATE OF INSURANCE REQUIRED / MAINTAINED FOR VALET PARKING BY THIRD PARTY

☐ OFF PREMISES PARKING ADDRESS:

SQUARE FOOTAGE: _____

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. WAS THE STRUCTURE ORIGINALLY DESIGNED FOR ITS CURRENT USE? (If "NO", describe original and subsequent occupancies)	
2. HAS BUSINESS BEEN IN OPERATION LESS THAN FIVE (5) YEARS AT THIS LOCATION? (If "YES", answer the following)	
3. ANY DELIVERIES? (If "YES". answer the following):	
4. ARE ADEQUATE EMERGENCY EXITS PROVIDED AND EQUIPPED WITH PANIC HARDWARE? (No explanation needed)	
5. HAVE ADEQUATE SMOKE ALARMS BEEN INSTALLED? (No explanation needed)	
6. ANY OTHER ON OR OFF PREMISES EXPOSURES NOT LISTED ABOVE?	

DATE CURRENT MANAGEMENT STARTED:	PRIOR EXPERIENCE OF OWNER / MANAGER
DATE BUSINESS STARTED AT THIS LOCATION:	

# COMPANY VEHICLES USED	# EMPLOYEE VEHICLES USED	TIME GUARANTEE (Y / N)	TIME GUARANTEE DESCRIPTION	RADIUS OF DELIVERIES (MILES)	SALES %	
					DELIVERY	ON-PREMISES

© 1997-2011 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: _____

LOC #: _____ BLDG #: _____

COOKING / KITCHEN FIRE PROTECTION

CHECK ALL THAT APPLY

☐	GRILLING	☐	DEEP FAT FRYING	☐	OPEN BROILING	☐	COOKS WITH SOLID FUEL
☐	ROASTING	☐	TABLESIDE COOKING	☐	BARBECUE	☐	

☐	U.L. 300 APPROVED AUTOMATIC EXTINGUISHING SYSTEM COVERS ALL COOKING SURFACES		
☐	U.L. 300 APPROVED AUTOMATIC EXTINGUISHING SYSTEM UNDER MAINTENANCE CONTRACT - # months: _____		
☐	AUTOMATIC GAS OR ELECTRIC SHUT OFFS FOR COOKING	☐	HOODS AND DUCTS OVER ALL COOKING EQUIPMENT
☐	HOOD AND FILTERS CLEANED WEEKLY BY STAFF	☐	HOODS AND DUCTS MAINTENANCE CONTRACT SCHEDULE - # months: _____
☐	BC AND K EXTINGUISHERS AVAILABLE IN KITCHEN	☐	ADEQUATE CLEARANCE BETWEEN HOODS, DUCTS, COOKING EQUIPMENT AND COMBUSTIBLE MATERIALS

SPOILAGE INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. IS THERE A REFRIGERATOR / FREEZER, WALK-IN OR OTHERWISE, ON SITE FOR COLD STORAGE OF FOOD AND BEVERAGES? (If "NO", proceed to next section) a. HOW LONG CAN REFRIGERATED SPACES HOLD THE TEMPERATURE REQUIRED BEFORE CONTENTS SPOIL? # of hours: _____	
2. DOES THE REFRIGERATION SYSTEM UTILIZED HAVE ANY SPARE CAPACITY? (If "YES", explain)	
3. IS THERE A WRITTEN SERVICE / MAINTENANCE CONTRACT FOR ALL REFRIGERATION / COOLING EQUIPMENT? (If "YES", attach copy of contract)	
4. DOES A CONTINGENCY PLAN EXIST IN THE EVENT THERE IS A LOSS OF REFRIGERATION? (If "YES", indicate type of plan(s) ☐ ALTERNATIVE POWER SOURCE ☐ TEMPORARY STORAGE LOCATION ☐ OTHER (Describe): _____	
5. DO REFRIGERATED SPACES HAVE TEMPERATURE ALARMS (HIGH / LOW) INSTALLED? (If "YES", indicate where they alarm) ☐ LOCAL ☐ PAGING ☐ CENTRAL ☐ OTHER (Describe): _____	
6. IS AMMONIA USED AS A REFRIGERANT? (If "YES", provide spare capacity) # of tons: _____ Proceed to 6.a.	
a. ARE AMMONIA SENSING DEVICES IN EACH REFRIGERATED SPACE? (If "YES", provide answer to 6.b.)	
b. IS AUTOMATIC SHUTOFF TIED TO SENSING SYSTEM? (No explanation needed)	
7. CAN REFRIGERATED SPACES BE ISOLATED FROM ONE ANOTHER IN THE EVENT OF AN AMMONIA LEAK?	

LIQUOR INFORMATION (If sales are 30% or more, complete ACORD 803, Liquor Liability Section)

LIQUOR LICENSE NUMBER	LIQUOR LICENSE TYPE		
NUMBER OF BARS ON PREMISES	**NUMBER OF BARTENDERS**	**NUMBER OF WAITERS / WAITRESSES**	**AVERAGE LENGTH OF EMPLOYMENT (Months)**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. ARE THERE WINE / BEER SALES ONLY? (No explanation needed)	
2. IS THERE A FULL BAR? (No explanation needed)	
3. IS THERE A HAPPY HOUR, OR DRINK SPECIALS OR SIMILAR PROMOTIONS? (No explanation needed)	
4. ARE PATRONS ALLOWED TO BRING ALCOHOL ON THE PREMISES? (No explanation needed)	
5. DO EMPLOYEES CHECK IDENTIFICATION OF PATRONS PRIOR TO SERVING ALCOHOL? (No explanation needed)	
6. IS THERE A WRITTEN POLICY ON SERVING ALCOHOL TO EMPLOYEES AND CUSTOMERS? (No explanation needed)	
7. IS MANAGEMENT NOTIFIED PRIOR TO REFUSING TO SERVE PATRONS? (No explanation needed)	
8. IS DOCUMENTATION KEPT ON EACH INCIDENT INVOLVING REFUSAL TO SERVE PATRONS? (No explanation needed)	
9. ARE EMPLOYEES GIVEN LIQUOR TRAINING / CERTIFICATION COURSES? (If "YES", answer the following):	

DESCRIBE TYPE OF TRAINING AND WHEN TRAINED	# OF ALCOHOL SERVERS WHO HAVE COMPLETED TIPS® INTERVENTION COURSES OR EQUIVALENT	ARE ALL ALCOHOL SERVERS CURRENTLY TIPS® OR TAM® CERTIFIED? (Y / N)

10. HAVE THERE BEEN ANY LIQUOR BOARD VIOLATIONS? (If "YES", list all violations)

DATE OF OCCURRENCE	EXPLANATION	RESOLUTION	DATE OF RESOLUTION

11. ARE FACILITIES AVAILABLE FOR USE OR RENT FOR PRIVATE PARTIES, RECEPTIONS, BANQUETS OR SIMILAR AFFAIRS?
NUMBER OF TIMES PER YEAR:

12. DO YOU SUBSCRIBE TO A TAXI OR OTHER SERVICE PROVIDING TRANSPORTATION HOME TO APPARENTLY INTOXICATED PATRONS?

13. DO YOU OR EMPLOYEES PROVIDE TRANSPORTATION HOME TO APPARENTLY INTOXICATED PATRONS?

AGENCY CUSTOMER ID: _____

LOC #: _____ BLDG #: _____

BAR / TAVERN / NIGHTCLUB INFORMATION (Complete if applicable)

TYPE OF ENTERTAINMENT (Check All That Apply)	AVERAGE AGE OF CLIENTELE (Check One)
☐ LIVE MUSIC (ANY TYPE) - Describe:	☐ UNDER 21 ☐ 31 - 65
☐ DANCING ☐ DANCE CONTEST(S) ☐ DJ ☐ KARAOKE ☐ JUKE BOX ☐ PIANO ☐	☐ 21 - 25 ☐ OVER 65
DANCE FLOOR Square Feet: _____ Is a dance permit maintained? (Y / N): _____	☐ 26 - 30

AMUSEMENT DEVICES (Provide Counts)	COUNT		COUNT	DESCRIPTION (Video / Electronic Games, Mechanical Devices, Other)
POOL TABLES		VIDEO / ELECTRONIC GAMES		
DART BOARDS		MECHANICAL DEVICES		
PINBALL MACHINES				
GAMBLING DEVICES				
POKER TABLES / DEALERS				

EXPLAIN ALL "YES" RESPONSES	Y / N
1. IS THERE A STAGE?	
2. IS THERE SPECIAL EQUIPMENT?	
3. ARE THERE PYROTECHNICS?	
4. IS THERE A RECREATION AREA OR OTHER ACTIVITIES THAT WOULD INCLUDE PATRON PARTICIPATION (such as wrestling, boxing, volleyball, basketball, etc.)? (If "YES", describe)	
5. ARE SHOTS SPECIALS OFFERED? (No explanation needed)	
6. IS THERE A STEADY BAR CLIENTELE? (No explanation needed)	
7. ARE BACKGROUND CHECKS CONDUCTED ON EMPLOYEES?	

TYPE OF SECURITY	EMPLOYEES		CONTRACTORS	
	NUMBER UNARMED	NUMBER ARMED	NUMBER UNARMED	NUMBER ARMED
BOUNCERS				
DOORMEN				
PARKING PATROL				

REMARKS

ATTACHMENTS

☐	FINANCIAL STATEMENT
☐	PHOTOS
☐	
☐	
☐	

AGENCY CUSTOMER ID: _____

LOC #: _____ **BLDG #:** _____

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. (Not applicable in MN)

MINNESOTA RESIDENTS SHOULD SUBMIT ACORD 38 MN, TO AUTHORIZE RELEASE OF PERSONAL INFORMATION.

IMPORTANT: CREDIT SCORING CANNOT BE USED IN OREGON FOR RENEWALS UNLESS REQUESTED BY THE INSURED.

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

APPLICANT / NAMED INSURED NAME (Please Print)	APPLICANT / NAMED INSURED SIGNATURE	DATE
APPLICANT / NAMED INSURED NAME (Please Print)	APPLICANT / NAMED INSURED SIGNATURE	DATE
APPLICANT / NAMED INSURED NAME (Please Print)	APPLICANT / NAMED INSURED SIGNATURE	DATE