

#### APPLICANT'S NAME

POLICY NO.

(NAME OF RISK TO WHICH THIS SECTION ATTACHES)

## **BUSINESS OPERATIONS:**

□ NO
-

# FIRE PROTECTION:

MEET NFPA 96 STANDARDS?	MEET UL 300 STANDARDS?  YES NO		□ NO	
DOES THE AUTOMATIC EXTINGUISHING SYSTEM PROTECT ALL:				
COOKING SURFACES 🗌 YES 🗌 NO	EXHAUST DUCTWORK	☐ YES		
DEEP FAT FRYERS 🗌 YES 🗌 NO	HOODS	☐ YES		
DO ALL DEEP FAT FRYERS HAVE HIGH LIMIT SWITCHES?			□ NO	
S A WET CHEMICAL FIRE SUPPRESSION SYSTEM USED?			□ NO	
IS THE EXTINGUISHING SYSTEM EQUIPPED WITH AUTOMATIC FUEL SHUTOFF AND EASILY ACCESSIBLE MANUAL RELEASE CONTROLS:				
LIST THE BRAND NAME AGE OF THE SYSTEM?				
IS THERE AN INSPECTION / MAINTENANCE AGREEMENT FOR THE SYSTEM?				
CONTRACTOR INSPECTION FREQUENCY				
IS THERE A MAINTENANCE AGREEMENT TO CLEAN THE HOOD AND DUCTWORK? YES NO				
CONTRACTOR CLEANING FREQUENCY				
ARE THE HOODS, DUCTS, FILTERS, DEEP-FAT FRYERS AND FANS REGULARY CLEANED BY INSURED?				

☐ YES

#### **GENERAL INFORMATION:**

WAS THE BUILDING ORIGINALLY BUILT AS A RESTAURANT?	☐ YES	□ NO
IF NO, DESCRIBE ORIGINAL USE		
IS SMOKING ALLOWED?	☐ YES	□ NO
IF YES, DESCRIBE CONTROL OF THE HAZARD AND METHOD FOR DISPOSAL OF ASHTRAY	CONTENTS	
ARE DUMPSTERS PROPERLY LOCATED AWAY FROM THE BUILDING?	☐ YES	□ NO
COMMENTS:		

# COVERAGE OFFERED ONLY FOR LIQUOR RECEIPTS LESS THAN 50% OF TOTAL RECEIPTS: MONO LINE LIQUOR COVERAGE IS NOT AVAILABLE

#### **BUSINESS OPERATIONS:**

DOES APPL	ICANT	HAVE A	LIQUOR	LICENSE?
			LIQUUIN	

WHAT NAME IS ON THE LICENSE?

TYPE OF CUSTOMERS (Families, Students, Professional, Military, Blue Collar)

ANY OFF-PREMISES EVENTS?

ANY CATERING, BANQUET EVENTS?

SEATING CAPACITY:

DINING ROOM

#### **REGULATORY REQUIREMENTS:**

HAS LIQUOR LICENSE EVER BEEN DENIED OR CANCELED?		☐ YES		
IN THE PAST 5 YEARS, HAS APPLICANT HAD ANY LIQUOR LIABILITY, ASSAULT OR BATTERY CLAIMS OR INCIDENTS THAT MIGHT GIVE RISE TO SUCH A CLAIM?				
IF SO, DESCRIBE				
WITHIN PAST 5 YEARS, HAS APPLICANT BEEN FINED OR CITED FOR	ANY ALCOHOL-RELATE	D VIOLATION	NS?	
		🗌 YES	□ NO	
IF YES, DESCRIBE				
WITHIN PAST 5 YEARS, HAS APPLICANT HAD LIQUOR LICENSE SUSF	PENDED?	□ YES		
DOES APPLICANT REQUIRE THAT ALL PERSONS SERVING OR SELLING ALCOHOL BE CERTIFIED BY A FORMAL AWARENESS TRAINING PROGRAM?				
DOES APPLICANT HAVE PROCEDURES IN PLACE TO REGULATE THE OR MINORS?	E SALE OF ALCOHOL TO	) INTOXICATE	D CUSTOMERS	
ARE EMPLOYEES PERMITTED TO CONSUME ALCOHOL ON PREMISE	S?	□ YES		
WHILE ON JOB?	AFTER SHIFT?	☐ YES	□ NO	
ARE EMPLOYEES REQUIRED TO CHECK AGE IDENTIFICATION OF CUSTOMERS WHO APPEAR TO BE UNDER THE AGE OF 21?				

## SALES:

PROVIDE ANNUAL SALES BREAKDOWN FOR THE PAST 3 YEARS:

YEAR	ALCOHOL	FOOD	OTHER	TOTAL
Current Year				
Prior Year				
Next Prior Year				
TYPE OF ALCOHOL S	OLD: Beer	% Wine	% Mixed Drinks	%
COMMENTS:				

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

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.

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage or commit the company to policy issuance.

APPLICANT'S SIGNATURE \_

DATE

This form shall be attached to, and made part of, the <u>fully completed</u> Acord application by the applicant.