



SUPPLEMENTAL APPLICATION - RESTAURANTS

- 1. DBA
2. Risk Location
3. Owner's Restaurant Experience:
4. The owner is
5. Did any prior carrier:
6. Restaurant is
7. Hours Open
8. Building Construction:
9. Roof Construction:
10. Building Age:
11. Building Sprinklered:
12. Burglar Alarm:
13. Parking Lot:
14. Immediate Neighbors:
15. Are there residential (e. g. apartments) in this building?
16. Total Restaurant Area:
17. Restaurant has:
18. Entertainment:
19. Any Dancing:
20. Annual Gross Receipts:
21. Will restaurant be closed for remodeling/building construction during policy period?
22. Any cooking at tables?
23. Any rotating service device (lazy susan) on tables or serving counters?
24. Any outside catering?
25. Are customers allowed access to kitchen facilities?
26. a) Is there an automatic suppression system...
b) Name of Installing/Service Company:
c) Does the Insured maintain a contract with a professional flue cleaning service?
d) Are hoods and ducts cleaned at least every three (3) months?
e) How often are filters cleaned?

PLEASE ATTACH COPY(IES) OF THE CONTRACT(S)

- 27. Fire Extinguishers
a) Are the fire extinguishers serviced and recharged every 12 months?
b) Date last serviced and recharged
c) Number of extinguishers: In cooking area BC Type
In Customer Area BC Type

Answer to Questions 25 and 26 will become part of the policy conditions and will serve as warranty to the policy. Inaccuracies may result in the policy being void.

Applicant's Signature: Date:

Agent's Signature: Date: