

**TPCI Supplemental - Eating and Drinking Places**

Insured Name		Years of industry experience		Full time employees	
				Part time employees	
<b>Security/Surveillance at Premises (check all that apply)</b> <input type="checkbox"/> Video Surveillance <input type="checkbox"/> No Security or Surveillance <input type="checkbox"/> Security Service <input type="checkbox"/> Employees <input type="checkbox"/> Contractors <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed				<b>For contracted security services: Does the security company name the applicant as additional insured in their GL and Security Guard E&amp;O policy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is delivery of any kind offered?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
What type of cuisine is served?		<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other	Describe "other":
		<input type="checkbox"/> Korean	<input type="checkbox"/> Mexican/Hispanic		
Is charcoal or wood used for indoor cooking?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	How often is chimney cleaned?	
		Check if there's no chimney		<input type="checkbox"/> Every 6 months	<input type="checkbox"/> Every 2 years
				<input type="checkbox"/> Annually	<input type="checkbox"/> Less frequently

**Liability Information**

**Check here if there is no cooking exposure (if checked, this section may be skipped)**

Indicate any tabletop cooking:		<input type="checkbox"/> Cooking by guests	Describe height of cooking surface:		<input type="checkbox"/> Below table surface
		<input type="checkbox"/> None	<input type="checkbox"/> Flushed with table surface	<input type="checkbox"/> Above table surface	
Are there any rotating service devices on tables or counters (Lazy Susan)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any outside catering?		<input type="checkbox"/> No	Is there an outside patio use for serving?		<input type="checkbox"/> No
If yes, what is the revenue? \$		If yes, provide area:		sq. feet	

**Check here if there are no liquor sales (if checked, this section may be skipped)**

Liquor Sales (at each locations)		Does the applicant require all alcohol servers to receive a formal Alcohol Training Course?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
When (latest hour, if varies) does the sale or serving of alcohol stop?		Does the applicant have drinking games or offers of unlimited alcoholic beverages?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
AM / PM					

**Check here if there is no vacant land (if checked, this section may be skipped)**

# of Acres	Is any land being used as hunting preserves or dude ranches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain any plans for development of vacant land in the next two years:			

**Check here if there are no playgrounds (if checked, this section may be skipped)**

Number of Playgrounds	Indicate type of equipment present (check all that apply)				
	<input type="checkbox"/> Teeter-Totters	<input type="checkbox"/> Climbers	<input type="checkbox"/> Slides	<input type="checkbox"/> Other moving or spinning equipment	
	<input type="checkbox"/> Merry-Go-Rounds	<input type="checkbox"/> Crawl Tubes	<input type="checkbox"/> Swings	<input type="checkbox"/> Other stationary equipment	
	<input type="checkbox"/> Jungle Gyms	Describe "other" equipment:			
What type of surface exists below the playground equipment?				Are playgrounds entirely enclosed or fenced in?	
<input type="checkbox"/> Rubber	<input type="checkbox"/> Sand	<input type="checkbox"/> Other soft surface		<input type="checkbox"/> Yes	
<input type="checkbox"/> Grass	<input type="checkbox"/> Dirt	<input type="checkbox"/> Other Hard surface		<input type="checkbox"/> No	
Describe "other" surface:					

Are any of the following present? (check all that apply)

<input type="checkbox"/> Mechanical Bull (or similar item)	<input type="checkbox"/> Billiards Tables	<input type="checkbox"/> Other Live Entertainment, please describe
<input type="checkbox"/> Darts	<input type="checkbox"/> Dance Floor, provide area	sq. ft.
Does the risk have any ponds?		<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide area: sq. feet

**Property Information**

*Check here if there is no cooking exposure (if checked, this section may be skipped)*

Is the kitchen equipped with an automatic extinguishing system covering all cooking and ventilation equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the automatic extinguishing system UL-300/NFPA compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is extinguishing system including flue/duct cleaned/maintained by a third party?	<input type="checkbox"/> More frequently than monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two months <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually <input type="checkbox"/> Less frequently than annually
Is there a manual release for the ANSUL system in the path of exit from the cooking area and fire extinguishers compatible with the extinguishing agent of the hood and duct system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	For deep fat fryers, are there automatic thermostat controlled fuel shut off mechanism?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How often are the hood and filter cleaned?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly or less frequently	

THE UNDERSIGNED IN AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWER TO QUESTION ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO BEST OF HIS/HER KNOWLEDGE.

Producer's Signature	Producer's Name (Please Print)		
Applicant's Signature	Date	National Producer Number	