

# TPCI Supplemental - Eating and Drinking Places

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

## 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"/> Cooking by employees	<input type="checkbox"/> None	<input type="checkbox"/> Flush 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?	If yes, what is the revenue? \$	Is there an outside patio used for serving?	<input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 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 location):	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
<input type="checkbox"/> AM <input type="checkbox"/> 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	Describe "other" surface:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Grass	<input type="checkbox"/> Dirt	<input type="checkbox"/> Other Hard 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. feet				
Does the risk have any ponds?	Is there a banquet facility?	If yes, provide area: sq. feet			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

**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	Every two months Quarterly 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, is there an 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	Monthly Quarterly or less frequently	

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS 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:
Applicant's Name (Please Print):		