

Liability Information

<input type="checkbox"/> <i>Check here if there is no day care operated on site (if checked, this section may be skipped)</i>		
Does the operator hold harmless and name the applicant as additional insured in their liability policy?	<input type="checkbox"/> Yes	What is operator's liability policy limit?
	<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	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly or less frequently	
Are there any stained glass windows valued in excess of \$10,000 per pane?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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:
Applicant's Name (Please Print):	
National Producer Number:	