



621 Clock Tower Commons, Rt 22, Brewster, NY 10509

Call: 800-660-6934

Fax: 845-279-5768

1062 Barnes Road, 3rd Floor Suite 306, Wallingford, CT 06492

Call: 866-793-9999

Fax: 203-269-8155

16 Nooseneck Hill Rd, West Greenwich, RI 02817

Call: 401-822-1000

Fax: 401-385-9987

# RESTAURANT SUPPLEMENTAL APPLICATION

Complete Application and Fax to: 845-279-8482

Name of Insured/Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

## RATING AND STATISTICAL INFORMATION

### 1. Type of Business:

Fast Food \_\_\_ Family Style \_\_\_ Upscale \_\_\_ Nightclub \_\_\_  
Bed & Breakfast Inn \_\_\_ Banquet Hall \_\_\_ Tavern \_\_\_ Other \_\_\_

2. Days & Hours of operation: \_\_\_\_\_

3. Is this a franchise operation? Yes \_\_\_ No \_\_\_

4. Does the restaurant have playground facilities? Yes \_\_\_ No \_\_\_

5. Are alcoholic beverages sold? Yes \_\_\_ No \_\_\_

### 6. If Upscale Restaurant:

- a. Average dinner entree price \$ \_\_\_\_\_
- b. Do liquor receipts exceed 50% of total receipts? Yes \_\_\_ No \_\_\_
- c. Attach copy of menu to application

7. Member of Restaurant Association? Yes \_\_\_ No \_\_\_

Name of Association \_\_\_\_\_

Association Membership No. \_\_\_\_\_



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Please explain "yes" answers to Questions 8 thru 30 in "Comments"

8. Do you have any other on or off premises operations? Yes\_\_\_ No\_\_\_
9. Is restaurant seasonal- (closed &/or vacant for more than 1 month)? Yes\_\_\_ No\_\_\_
10. Do you have a Central Station Burglar and/or Fire Alarm System? Yes\_\_\_ No\_\_\_
11. Are there more than 2 coin operated video/arcade games on premises? Yes\_\_\_ No\_\_\_
12. Do you offer customer delivery service? Yes\_\_\_ No\_\_\_
13. Does the restaurant ever employ a cover charge? Yes\_\_\_ No\_\_\_
14. Is the food prepared predominately by tableside cooking? Yes\_\_\_ No\_\_\_  
e.g. Japanese style.
15. Valet parking offered? Yes\_\_\_ No\_\_\_
16. Is the restaurant rented to others for special events? Yes\_\_\_ No\_\_\_
17. Is percentage of on/off catering more than 5% of total sales? Yes\_\_\_ No\_\_\_
18. Has the restaurant been cited or closed by the Board of Health  
in the last 3 years? Yes\_\_\_ No\_\_\_
19. Any known use of aluminum wiring or electrical code violations on premises?  
Yes\_\_\_ No\_\_\_
20. Is restaurant floating or located on a waterfront, pier, wharf or dock? Yes\_\_\_ No\_\_\_
21. Is the restaurant predominately a cafeteria, buffet or smorgasbord? Yes\_\_\_ No\_\_\_
22. Is the restaurant located in protection class 9 or 10? Yes\_\_\_ No\_\_\_



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23. Is the actual age of the building greater than 30 years? Yes\_\_\_ No\_\_\_

If yes, indicate year of last updates?

Roof\_\_\_\_\_ Electrical\_\_\_\_\_ Plumbing\_\_\_\_\_ Heating\_\_\_\_\_

24. Does the restaurant specialize in uncooked seafood products? Yes\_\_\_ No\_\_\_

25. Is the restaurant open 24 hours per day? Yes\_\_\_ No\_\_\_

26. Can customers bring in their own alcoholic beverages? Yes\_\_\_ No\_\_\_

### BUSINESS / FINANCIAL QUESTIONS

27. Has the owner had less than 3 years of management experience in the restaurant business? Yes\_\_\_  
No\_\_\_

28. Has restaurant been at this location under current ownership and the current name for less than 3 years?  
Yes\_\_\_ No\_\_\_

30. What are the hours of operation? \_\_\_\_\_

Are there separate hours of operation for food sales and alcohol sales? Yes\_\_\_ No\_\_\_

If yes, advise: Hours of operation:

Bar\_\_\_\_\_ Restaurant\_\_\_\_\_

29. Has the owner ever been involved in a bankruptcy procedure? Yes\_\_\_ No\_\_\_

31. Losses: Obtain and Attach loss runs for last three years.

### PHYSICAL CHARACTERISTICS / LIFE SAFETY



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Please explain "no" answers to Questions 32 thru 36 in "Comments"

32. Is there a Class K fire extinguisher available in the kitchen? Yes \_\_\_ No \_\_\_

33. Is trash disposed of in metal containers with self-closing lids? Yes \_\_\_ No \_\_\_

34. Was the building originally built as a restaurant? Yes \_\_\_ No \_\_\_

35. Is the restaurant located in the building on the 3rd floor or below? Yes \_\_\_ No \_\_\_

36. Are there more than 1 means of egress/exits in restaurant? Yes \_\_\_ No \_\_\_

If yes, advise: Number of Exits \_\_\_\_\_

### COOKING PROTECTION

Please explain "no" answers to Questions 37 thru 44 in "Comments"

37. Was the deep fat fryer installed after 11/94? Yes \_\_\_ No \_\_\_

38. Does kitchen have a UL 300 compliant wet chemical extinguishing system? Yes \_\_\_ No \_\_\_

39. Are the cooking surfaces, hoods, ducts and extinguishing system inspected and serviced at least every 6 months under a written contract? Yes \_\_\_ No \_\_\_

40. Does the automatic extinguishing system protect/cover all:

- a. Cooking surfaces? Yes \_\_\_ No \_\_\_
- b. Deep fat fryers? Yes \_\_\_ No \_\_\_
- c. Exhaust ductwork? Yes \_\_\_ No \_\_\_
- d. All other cooking appliances? Yes \_\_\_ No \_\_\_

41. Is there an automatic gas or electric shut-off for cooking appliances? Yes \_\_\_ No \_\_\_

42. Does the extinguishing system have an accessible manual release control? Yes \_\_\_ No \_\_\_



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43. Are the hood and filters cleaned weekly? Yes \_\_\_ No \_\_\_

44. Is there a minimum of 18" clearance between hoods, ducts, cooking equipment and combustible material? Yes \_\_\_ No \_\_\_

## RESTAURANT LIQUOR LIABILITY

Must be completed on all applicants for Liquor Liability

A. Is there a separate bar area from the eating area? Yes \_\_\_ No \_\_\_

B. Has applicant ever been fined or cited for violations of a law or ordinance relating to sales of alcohol? Yes \_\_\_ No \_\_\_

If yes, explain \_\_\_\_\_

C. Have all employees handling or servicing alcohol completed an industry approved or sponsored seminar or course on intoxication management that is evidenced by a certificate of completion? Yes \_\_\_ No \_\_\_

D. Does applicant subscribe to or provide alternative transportation for suspected intoxicated patrons?

I. Losses: Have you had any Liquor Legal Claims in the past 3 years? Yes \_\_\_ No \_\_\_

II. Obtain and attach loss runs for last three years.

F. Annual receipts: Bar \$ \_\_\_\_\_ Restaurant \$ \_\_\_\_\_

E. Do you have "Happy Hours" or other reduced prices for alcohol? Yes \_\_\_ No \_\_\_

G. Have you had coverage for Liquor Legal Liability the last 3 years? Yes \_\_\_ No \_\_\_

Insurance Carriers Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_





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H. Do you have Entertainment on premises: None\_\_\_ Solo musician\_\_\_ Other \_\_\_\_\_

Describe: \_\_\_\_\_

I. Is there live entertainment or dancing on the premises? Yes\_\_\_ No\_\_\_

COMMENTS: (information to any questions answered yes or no as specified)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

