

ACORD™ RESTAURANT/TAVERN SUPPLEMENT		DATE
PRODUCER <input type="checkbox"/> PHONE (A/C, No, Ext): AGENCY CUSTOMER ID:	APPLICANT (First Named Insured) LOCATION OF PROPERTY (COMPLETE THIS SUPPLEMENT FOR EACH APPLICABLE LOCATION) TYPE OF BUSINESS <input type="checkbox"/> RESTAURANT <input type="checkbox"/> FAMILY STYLE <input type="checkbox"/> NIGHTCLUB <input type="checkbox"/> DINER <input type="checkbox"/> BANQUET HALL <input type="checkbox"/> BED & BREAK-FAST INN <input type="checkbox"/> FRANCHISED <input type="checkbox"/> SEASONAL <input type="checkbox"/> FAST FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> OTHER <input type="checkbox"/> NOT FRANCHISED <input type="checkbox"/> YEAR ROUND HOURS OF OPERATION	
CODE: SUB CODE:		

GENERAL INFORMATION	
1. OWNER OR CORPORATION NOW OR IN THE PAST INVOLVED IN <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> TAX LIEN <input type="checkbox"/> ANY LITIGATION <input type="checkbox"/> FORECLOSURE <input type="checkbox"/> BUSINESS FAILURE	9. AMUSEMENT DEVICES (POOL TABLES, VIDEO GAMES, GAMBLING, ETC)? IF YES, # AND DESCRIPTION.
2. IS ANY ENTERTAINMENT PROVIDED? IF YES, ANSWER QUESTIONS 3-9.	10. ORIGINAL USE AND SUBSEQUENT OCCUPANCIES OF THE BUILDING
3. NIGHTS OF WEEK <input type="checkbox"/> MONDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> SATURDAY	11. SEATING CAPACITY:
4. AGE OF CLIENTELE:	12. IF ALCOHOLIC BEVERAGES ARE SOLD, IS SERVICE RESTRICTED TO BEER AND WINE ONLY?
5. TYPE OF ENTERTAINMENT <input type="checkbox"/> ROCK GROUP <input type="checkbox"/> DJ <input type="checkbox"/> BAND (ANY KIND) OTHER (DESCRIBE):	13. SEASONAL?
6. DOES A DANCE FLOOR EXIST? IF YES, SHOW AGE GROUPS: <input type="checkbox"/> UNDER 21 <input type="checkbox"/> 21-40 <input type="checkbox"/> OVER 40	14. ANY GRILLING, DEEP FAT FRYING, OPEN BROILING, ROASTING?
7. IS DANCING PERMITTED?	15. HAS BUSINESS BEEN IN OPERATION LESS THAN 5 YEARS AT THIS LOCATION? IF YES, DESCRIBE PRIOR EXPERIENCE OF OWNER/MANAGER.
8. BOUNCERS OR DOORMEN? IF YES, EXPLAIN WHY.	16. NUMBER OF EMPLOYEES FULL TIME: PART TIME:

BED & BREAKFAST INN ONLY	
1. NAME OF INN	6. DESCRIBE EMERGENCY LIGHTING SYSTEMS
2. IS INN OPERATED BY OWNERS(S) AND OCCUPIED AS A PERMANENT RESIDENCE BY OWNER(S)? IF NOT, PROVIDE NAME AND EXPERIENCE OF OPERATOR.	7. DOES INN PROVIDE GUESTS WITH ANY SPORTS EQUIPMENT, INCLUDING BOATS, BICYCLES, MOTORCYCLES OR HORSES? IF YES, DESCRIBE.
3. NUMBER OF GUEST ROOMS:	8. WHERE ARE CLEANING SOLVENTS STORED?
4. HAS PROPERTY BEEN DESIGNATED A HISTORICAL MARKER?	9. IS CABINET LOCKED OR STORED OUT OF REACH OF CHILDREN?
5. WOODBURNING STOVE OR FIREPLACE INSERT? IF YES, NAME OF MANUFACTURER: DATE INSTALLED:	

KITCHEN FIRE PROTECTION	
1. U.L. APPROVED AUTOMATIC EXTINGUISHING SYSTEM UNDER MAINTENANCE CONTRACT? IF YES, # MONTHS:	5. BC EXTINGUISHER AVAILABLE IN KITCHEN?
2. DOES ABOVE SYSTEM COVER ALL COOKING SURFACES? IF YES, NAME OF SYSTEM:	6. HOODS AND DUCTS OVER ALL COOKING EQUIPMENT?
3. AUTOMATIC GAS OR ELECTRIC SHUT OFFS FOR COOKING?	7. HOODS AND DUCTS MAINTENANCE CONTRACT SCHEDULE? # MONTHS:
4. HOOD AND FILTERS CLEANED WEEKLY BY STAFF?	8. ADEQUATE CLEARANCE BETWEEN HOODS, DUCTS, COOKING EQUIPMENT AND COMBUSTIBLE MATERIALS?

GENERAL LIABILITY

1. RECEIPTS (LAST 3 YEARS)			<input type="checkbox"/>	<input type="checkbox"/>	5. LODGING OPERATIONS OTHER THAN APARTMENTS? IF YES, DESCRIBE.	<input type="checkbox"/>	<input type="checkbox"/>
	FOOD	LIQUOR	OTHER				
19	\$	\$	\$				
19	\$	\$	\$				
19	\$	\$	\$				
2. SQUARE FOOTAGE: TOTAL BUILDING: _____ APARTMENTS: _____ RESTAURANT: _____ # APARTMENTS: _____					6. ANY OTHER ON OR OFF PREMISES EXPOSURES NOT LISTED ABOVE? IF YES, DESCRIBE.		
3. OFF PREMISES PARKING? IF YES, ADDRESS: _____					7. ADEQUATE EMERGENCY EXITS PROVIDED, EQUIPPED WITH PANIC HARDWARE? <input type="checkbox"/>		
			SQUARE FOOTAGE		8. NON-OWNED AUTOMOBILE? <input type="checkbox"/>		
4. ON OR OFF PREMISES CATERING/BANQUET? IF YES: _____					IF YES, # OF EMPLOYEES: _____		
% OF TOTAL RECEIPTS: _____					9. VALET PARKING? <input type="checkbox"/>		
DESCRIBE CATERING OPERATION _____					IF YES, IS GARAGE KEEPER LIABILITY REQUIRED? <input type="checkbox"/>		
					10. ANY DELIVERIES? IF YES, DESCRIBE. <input type="checkbox"/>		

LIQUOR LIABILITY

	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
1. DOES APPLICANT SERVE ALCOHOL?	<input type="checkbox"/>	<input type="checkbox"/>	8. # OF BARS ON PREMISES: IS THERE A STEADY BAR CLIENTELE?	<input type="checkbox"/>	<input type="checkbox"/>
2. DOES APPLICANT HAVE LIQUOR LICENSE? IF YES, TYPE AND #:	<input type="checkbox"/>	<input type="checkbox"/>	9. IS THERE A HAPPY HOUR? REDUCED PRICE DRINKS?	<input type="checkbox"/>	<input type="checkbox"/>
3. DOES APPLICANT SELL PACKAGE GOODS? IF YES, % OF LIQUOR RECEIPTS:	<input type="checkbox"/>	<input type="checkbox"/>	10. IS A LAST CALL GIVEN? IF YES, WHAT TIME?	<input type="checkbox"/>	<input type="checkbox"/>
4. # OF BARTENDERS: _____ # OF WAITERS/WAITRESSES: _____ AVG LENGTH OF EMPLOYMENT: _____	<input type="checkbox"/>	<input type="checkbox"/>	11. ARE SHOTS GIVEN? SHOTS SPECIALS?	<input type="checkbox"/>	<input type="checkbox"/>
5. ARE EMPLOYEES GIVEN LIQUOR TRAINING? IF YES, EXPLAIN TYPE AND WHEN TRAINED.	<input type="checkbox"/>	<input type="checkbox"/>	12. HAVE THERE BEEN ANY LIQUOR BOARD VIOLATIONS? IF YES, LIST ALL VIOLATIONS.	<input type="checkbox"/>	<input type="checkbox"/>
6. DOES APPLICANT HAVE WRITTEN POLICY ON SERVING ALCOHOL FOR EMPLOYEES AND CUSTOMERS?	<input type="checkbox"/>	<input type="checkbox"/>			
7. IS MANAGEMENT NOTIFIED PRIOR TO SHUTTING OFF PATRONS? IS DOCUMENTATION KEPT ON EACH INCIDENT?	<input type="checkbox"/>	<input type="checkbox"/>			

FINANCIAL INFORMATION - MOST RECENT 12 MONTH PERIOD

TOTAL OPERATING EXPENSES (FOOD AND LIQUOR ONLY)	\$
TOTAL OPERATING EXPENSES (OTHER THAN COST OF FOOD AND LIQUOR)	\$
NET PROFIT OR LOSS (IF LOSS, ATTACH FINANCIAL STATEMENT)	\$
ACCOUNTS PAYABLE	\$
NOTES PAYABLE (NOT TO BANKS)	\$
BANK LOANS PAYABLE	\$

REMARKS

ATTACHMENTS

	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align:center;">FINANCIAL STATEMENT</td></tr> <tr><td style="text-align:center;">PHOTOS</td></tr> <tr><td style="text-align:center;"> </td></tr> <tr><td style="text-align:center;"> </td></tr> <tr><td style="text-align:center;"> </td></tr> <tr><td style="text-align:center;"> </td></tr> <tr><td style="text-align:center;"> </td></tr> <tr><td style="text-align:center;"> </td></tr> </table>	FINANCIAL STATEMENT	PHOTOS						
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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)