

TENNESSEE UNDERWRITERS INC.
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RESTAURANT/TAVERN SUPPLEMENTAL APPLICATION

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

GENERAL INFORMATION

1. Number of years in business? _____ At this location? _____

If new, describe prior experience: _____

2. Gross Sales: Total \$ _____ Catering _____

Food \$ _____ Delivery (fast food) _____

Liquor \$ _____ Street Fairs _____

3. Total Number of Employees Full Time _____ Part Time _____

Servers Full Time _____ Part Time _____

Bartenders Full Time _____ Part Time _____

4. Operating hours _____ Days _____

5. Premises: Owned Leased Total Square Footage occupied by applicant _____ Seating Capacity _____

COOKING CONTROLS

1. Ansul System? Yes No

2. Number of Cooking Facilities? Ranges _____ Ovens _____ Deep Fat Fryers _____ Broilers _____ Grills _____

3. Service Agreement in place? Yes No

4. Cooking performed under hoods? Yes No

Service Agreement in place for cleaning ducts? Yes No

Describe Service Schedule. _____

ACTIVITIES AND ENTERTAINMENT

1. Any entertainment provided? Yes No
If yes, describe. _____
2. List the number for each: Pool Tables _____ Dart Boards _____
Video Games _____ Other _____
3. Is there a dance floor? Yes No
If yes, provide dimensions and type of dancing. _____
4. Any firearms kept on premises? Yes No
If yes, decline.
5. Are bouncers employed? Yes No
6. Are employees trained for evacuation? Yes No
Number of means of egress? _____ Street Level? _____
7. Night Clubs or related risks – Clientele by age: 21-25 _____ 26-30 _____ 30-40 _____ over 40 _____
Any pyrotechnics of any type? Yes No
Pyrotechnics with entertainers? Yes No
GERBS (A professional term for a fountain-style effect that produces a spray of bright sparks.)? Yes No

COMMERCIAL PROPERTY

(Please provide complete information for each insured location. Attach separate sheet, if necessary.)

BUILDING INFORMATION	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL SQ. FOOTAGE:			
PROTECTION CLASS:			
ALARM	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None
YEAR OF LATEST UPDATE	___ Roof ___ Plumbing ___ Wiring	___ Roof ___ Plumbing ___ Wiring	___ Roof ___ Plumbing ___ Wiring

LIMITS & COVERAGE – PROPERTY

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
BUILDING	___%	\$ _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> Market Value (Submit)	\$ _____	\$ _____	\$ _____
BPP	___%	\$ _____			\$ _____	\$ _____	\$ _____
BUSINESS INCOME	___% or Monthly Limit \$ _____	\$ _____			\$ _____	\$ _____	\$ _____
SIGNS (DESCRIBE) _____					\$ _____	\$ _____	\$ _____
TOTAL LIMITS					\$ _____	\$ _____	\$ _____

ADJACENT EXPOSURES

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

CONTRIBUTING INSURANCE

NAME & ADDRESS OF COMPANY	% PARTICIPATION	LIMITS

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

- GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____
- PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____
- PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____
- EACH OCCURRENCE \$ _____
- DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____
- MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

