

ACORDTM RESTAURANT/TAVERN SUPPLEMENT

DATE

PRODUCER: _____ PHONE (A/C, No, Ext): _____ CODE: _____ SUB CODE: _____ AGENCY CUSTOMER ID: _____	APPLICANT (First Named Insured) _____ LOCATION OF PROPERTY (COMPLETE THIS SUPPLEMENT FOR EACH APPLICABLE LOCATION) TYPE OF BUSINESS <table style="width:100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> RESTAURANT</td> <td style="border: none;"><input type="checkbox"/> FAMILY STYLE</td> <td style="border: none;"><input type="checkbox"/> NIGHTCLUB</td> <td style="border: none;"><input type="checkbox"/> FRANCHISED</td> <td style="border: none;"><input type="checkbox"/> SEASONAL</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> DINER</td> <td style="border: none;"><input type="checkbox"/> BANQUET HALL</td> <td style="border: none;"><input type="checkbox"/> BED & BREAK-FAST INN</td> <td style="border: none;"><input type="checkbox"/> NOT FRANCHISED</td> <td style="border: none;"><input type="checkbox"/> YEAR ROUND</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> FAST FOOD</td> <td style="border: none;"><input type="checkbox"/> TAVERN</td> <td style="border: none;"><input type="checkbox"/> OTHER</td> <td colspan="2" style="border: none;"></td> </tr> </table> HOURS OF OPERATION _____	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> FAMILY STYLE	<input type="checkbox"/> NIGHTCLUB	<input type="checkbox"/> FRANCHISED	<input type="checkbox"/> SEASONAL	<input type="checkbox"/> DINER	<input type="checkbox"/> BANQUET HALL	<input type="checkbox"/> BED & BREAK-FAST INN	<input type="checkbox"/> NOT FRANCHISED	<input type="checkbox"/> YEAR ROUND	<input type="checkbox"/> FAST FOOD	<input type="checkbox"/> TAVERN	<input type="checkbox"/> OTHER		
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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	YES	NO	10. ORIGINAL USE AND SUBSEQUENT OCCUPANCIES OF THE BUILDING							YES	NO
2. IS ANY ENTERTAINMENT PROVIDED? IF YES, ANSWER QUESTIONS 3-9.	YES	NO	11. SEATING CAPACITY: _____							YES	NO
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	YES	NO	12. IF ALCOHOLIC BEVERAGES ARE SOLD, IS SERVICE RESTRICTED TO BEER AND WINE ONLY?							YES	NO
4. AGE OF CLIENTELE: _____	YES	NO	13. SEASONAL?							YES	NO
5. TYPE OF ENTERTAINMENT <input type="checkbox"/> ROCK GROUP <input type="checkbox"/> DJ <input type="checkbox"/> BAND (ANY KIND) OTHER (DESCRIBE): _____	YES	NO	14. ANY GRILLING, DEEP FAT FRYING, OPEN BROILING, ROASTING?							YES	NO
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	YES	NO	15. HAS BUSINESS BEEN IN OPERATION LESS THAN 5 YEARS AT THIS LOCATION? IF YES, DESCRIBE PRIOR EXPERIENCE OF OWNER/MANAGER.							YES	NO
7. IS DANCING PERMITTED?	YES	NO	16. NUMBER OF EMPLOYEES FULL TIME: _____ PART TIME: _____							YES	NO
8. BOUNCERS OR DOORMEN? IF YES, EXPLAIN WHY.	YES	NO	17. IS THE BUILDING OWNER TO BE NAMED AS AN ADDITIONAL INSURED AS INTEREST MAY APPEAR? IF YES, PROVIDE BUILDING OWNER NAME AND ADDRESS.							YES	NO
9. AMUSEMENT DEVICES (POOL TABLES, VIDEO GAMES, GAMBLING, ETC)? IF YES, # AND DESCRIPTION.	YES	NO	18. _____							YES	NO

BED & BREAKFAST INN ONLY

1. NAME OF INN	YES	NO	7. DOES INN PROVIDE GUESTS WITH ANY SPORTS EQUIPMENT, INCLUDING BOATS, BICYCLES, MOTORCYCLES OR HORSES? IF YES, DESCRIBE.							YES	NO
2. IS INN OPERATED BY OWNERS(S) AND OCCUPIED AS A PERMANENT RESIDENCE BY OWNER(S)? IF NOT, PROVIDE NAME AND EXPERIENCE OF OPERATOR.	YES	NO	8. WHERE ARE CLEANING SOLVENTS STORED?							YES	NO
3. NUMBER OF GUEST ROOMS: _____	YES	NO	9. IS CLEANING SOLVENT CABINET LOCKED OR STORED OUT OF REACH OF CHILDREN?							YES	NO
4. HAS PROPERTY BEEN DESIGNATED A HISTORICAL MARKER?	YES	NO	10. ARE ADEQUATE SMOKE ALARMS INSTALLED?							YES	NO
5. WOODBURNING STOVE OR FIREPLACE INSERT? IF YES, NAME OF MANUFACTURER: DATE INSTALLED: _____	YES	NO	11. _____							YES	NO
6. DESCRIBE EMERGENCY LIGHTING SYSTEMS	YES	NO	12. _____							YES	NO

KITCHEN FIRE PROTECTION

1. U.L. APPROVED AUTOMATIC EXTINGUISHING SYSTEM UNDER MAINTENANCE CONTRACT? IF YES, # MONTHS: _____	YES	NO	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)			YES	NO	5. LODGING OPERATIONS OTHER THAN APARTMENTS? IF YES, DESCRIBE.	YES	NO
	FOOD	LIQUOR	OTHER				
Year	\$	\$	\$				
Year	\$	\$	\$				
Year	\$	\$	\$				
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: _____							
				SQUARE FOOTAGE	7. ADEQUATE EMERGENCY EXITS PROVIDED, EQUIPPED WITH PANIC HARDWARE?		
4. ON OR OFF PREMISES CATERING/BANQUET? IF YES: _____ % OF TOTAL RECEIPTS: _____ DESCRIBE CATERING OPERATION _____					8. NON-OWNED AUTOMOBILE? IF YES, # OF EMPLOYEES: _____		
					9. VALET PARKING? IF YES, IS GARAGE KEEPER LIABILITY REQUIRED?		
					10. ANY DELIVERIES? IF YES, DESCRIBE.		

LIQUOR LIABILITY

	YES	NO		YES	NO
1. DOES APPLICANT SERVE ALCOHOL?			8. # OF BARS ON PREMISES: _____ IS THERE A STEADY BAR CLIENTELE?		
2. DOES APPLICANT HAVE LIQUOR LICENSE? IF YES, TYPE AND #:			9. IS THERE A HAPPY HOUR? REDUCED PRICE DRINKS?		
3. DOES APPLICANT SELL PACKAGE GOODS? IF YES, % OF LIQUOR RECEIPTS:			10. IS A LAST CALL GIVEN? IF YES, WHAT TIME?		
4. # OF BARTENDERS: _____ # OF WAITERS/WAITRESSES: _____ AVG LENGTH OF EMPLOYMENT: _____			11. ARE SHOTS GIVEN? SHOTS SPECIALS?		
5. ARE EMPLOYEES GIVEN LIQUOR TRAINING? IF YES, EXPLAIN TYPE AND WHEN TRAINED.			12. HAVE THERE BEEN ANY LIQUOR BOARD VIOLATIONS? IF YES, LIST ALL VIOLATIONS.		
6. DOES APPLICANT HAVE WRITTEN POLICY ON SERVING ALCOHOL FOR EMPLOYEES AND CUSTOMERS?					
7. IS MANAGEMENT NOTIFIED PRIOR TO SHUTTING OFF PATRONS? IS DOCUMENTATION KEPT ON EACH INCIDENT?					

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

	FINANCIAL STATEMENT
	PHOTOS

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 or VT; in DC, LA, ME and VA, insurance benefits may also be denied)