

## Restaurant Application

Named Insured: \_\_\_\_\_  
 DBA: \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Web Address: \_\_\_\_\_

Effective/Renewal Date \_\_\_\_\_  
 Current/Target Premium \$ \_\_\_\_\_  
 Has current Policy Been Canceled or Non-Renewed Yes    No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

**This Owners/Shareholders Information Must be Entered To Bind Coverage**

Owners Name (Principal) \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 D/O/B \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

If more than one owner, attach list. All owners/shareholders much complete to bind.

**Business Information**

Applicant is a:      Corporation    Partnership    Individual    Other: \_\_\_\_\_  
 Applicant is a:      Restaurant    Diner    Tavern    Night Club  
                          Banquet Hall    Social Club    Other (Please Specify) \_\_\_\_\_

Applicant is located in: City    Small Town    Rural Area    Other: \_\_\_\_\_  
 Number of years at this Location: \_\_\_\_\_  
 Number of years in Restaurant/Tavern Business: \_\_\_\_\_

If less than 3 years at this Location, list previous experience: \_\_\_\_\_  
 \_\_\_\_\_

Federal EIN #: \_\_\_\_\_ Liquor License # \_\_\_\_\_  
 Legal Building Occupancy: \_\_\_\_\_

## Restaurant Application

Franchise	Yes	No
Chain	Yes	No

**Operations Section**

Is Applicant Open Now?	Yes	No
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If No, Explain: \_\_\_\_\_

Hours of Operation From: \_\_\_\_\_ to \_\_\_\_\_

# of Days per Week: \_\_\_\_\_

Is Applicant a Seasonal Operation?	Yes	No
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If Yes, please explain: \_\_\_\_\_

Distance to Ocean or Nearest Body of Water: \_\_\_\_\_

<b>Financial Information</b>	Yes	No
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Is Owner or Corporation now or ever involved in:

Bankruptcies:

Foreclosures:

Tax Liens:

Business Failures:

Any Litigations:

If Yes, please explain: \_\_\_\_\_

**Physical Plant Section**

Age of: Building: \_\_\_\_\_ Construction \_\_\_\_\_ Protection \_\_\_\_\_ # of Stories \_\_\_\_\_

Age of: Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_ Roofing: \_\_\_\_\_

Other Occupants:	Yes	No	If Yes, Type of Occupancy: _____
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Smoke Detectors:	Yes	No	If Yes, Type:    Electric                      Battery Power
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Fire Alarm:	Yes	No	If Yes, Type:    Central Station              Local
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Burglar Alarm:	Yes	No	If Yes, Type:    Central Station              Local
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Video Cameras:	Yes	No	
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Sprinkler System:	Yes	No	If Yes, Age        _____ Type of System:        Wet      Dry
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## Restaurant Application

Volunteer Fire Department:	Yes	No
Distance To:                      Hydrant _____ Fire Dept _____		
Kitchen Fire Protection:	Yes	No
U.L Approved Automatic Extinguishing System under Semiannual Contract	Yes	No
Above System Covering All Cooking Surfaces	Yes	No
System Name	Wet	Dry
Automatic Gas or Electric Shut Offs for Cooking	Yes	No
Hood and Filters Cleaned Weekly by Staff	Yes	No
Hoods and Ducts Over All Cooking Equipment	Yes	No
Hoods and Ducts Maintenance Contract Schedule	_____	# of Months
Fire Extinguishers Tag Dates: _____		

Is Kitchen Sub-leased	Yes	No
If Yes, please explain: _____		

Table Cooking or Table side Cooking	Yes	No
If Yes, please explain: _____		

**Entertainment Section**

Entertainment:	Yes	No
If Yes, ENTIRE Section MUST be Completed.		

Nights with Entertainment: \_\_\_\_\_

Clientele Average Age \_\_\_\_\_

Type of Entertainment:      Rock    Group   DJ      Band (Any Kind)      Go-Go      Karaoke

Other (Please Describe) \_\_\_\_\_

Cover Charge	Yes	No
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IF Yes, Describe When and Why: \_\_\_\_\_

Dance Floor or Stage Exist	Yes	No
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If Yes, Square Ft. _____	Is Dancing Permitted?	Yes	No
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Amusement Devices (Pool Tables, Video Game, ect.)	Yes	No
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If Yes, # and description: \_\_\_\_\_

## Restaurant Application

### Liquor Legal Liability Section

Yes      No

Does Applicant Serve Alcohol?

If Yes, ENTIRE Section Must be Completed.

Does Applicant Have Liquor License?

If Yes, Type and #: \_\_\_\_\_

# of Bar Seats: \_\_\_\_\_      Max # of staff per shift: \_\_\_\_\_      Wait Staff: \_\_\_\_\_

Average Employment Experience      \_\_\_\_\_ years

Alcohol Server Training

Yes      No

If Yes, Explain Type and When trained: \_\_\_\_\_

Does Applicant Have Written Policy on Serving Alcohol to Customers?

Yes      No

Is Management Notified Prior to Shutting of Patrons?

Yes      No

Is Documentation Kept on Each Incident?

Yes      No

# of Bars on Premises \_\_\_\_\_

Is There a Steady Bar Clientele

Yes      No

Is there a Happy Hour?

Yes      No

Reduced Price Drinks?

Yes      No

Is a last call given?

Yes      No

If Yes, what time is the last call? \_\_\_\_\_

Have there been any ABC violations?

Yes      No

If Yes, List all Violations:

### Property Section

Does applicant own the building?

Yes      No

Is Applicant Required by Lease to Insure Building

Yes      No

Building Limit \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_ ACV \_\_\_\_\_ R/C \_\_\_\_\_ Deductible \$ \_\_\_\_\_ (\$1,000 Min.)

Contents Limit \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_ ACV \_\_\_\_\_ R/C \_\_\_\_\_ Deductible \$ \_\_\_\_\_ (\$1,000 Min.)

Business Income Limits      \$ \_\_\_\_\_      Contribution or Co-Ins % \_\_\_\_\_

Waiting Period: 72 Hours With Extra Expense

Yes      No

Loss of Rents Limit \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_

No Waiting Period Cause of Loss:

Basic                      Special

Property Enhancement Endorsement Requested

Yes      No

See RCA Website For Coverages

Other Property Coverage Requested \_\_\_\_\_

## Restaurant Application

### Liability Section

General Liability Limit \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

Liquor Liability Limit \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

Is Lessor Risk Required Yes No

If Yes, Supply Square Footage: \_\_\_\_\_ Business Occupant: \_\_\_\_\_ Receipts: Food: \$ \_\_\_\_\_

Liquor \$ \_\_\_\_\_ Admission \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

Are there apartments? Yes No

If Yes, # of Units \_\_\_\_\_ Owner Occupied: \_\_\_\_\_

Are there lodging operations other than apartments? Yes No

If Yes, please describe: \_\_\_\_\_

Square Footage: Total Building \_\_\_\_\_ If Restaurant, Table Seating Capacity \_\_\_\_\_

Off Premise Parking Yes No

If YES, list address, square footage (or # spaces): \_\_\_\_\_

On or Off Premise Catering/Banquet? Yes No

If Yes, % of total Receipts: \_\_\_\_\_ %

Describe Catering Operation: \_\_\_\_\_

Describe any other on or off premise exposures NOT listed above: \_\_\_\_\_

### Security

Are any Bouncers, Door Person, Crowd Control or Security Used? Yes No

If Yes, describe type and purpose: \_\_\_\_\_

Are any non-employee security services hired or contracted: Yes No

If Yes, Describe Type and Purpose: \_\_\_\_\_

In the Last 12 Months have any emergency services been called; i.e. Police, ambulance or fire Yes No

If yes, please explain: \_\_\_\_\_

## Restaurant Application

### Non-Owned Automobile (Hired or Contracted)

Is Non-Owned Automobile Requested? Yes    No

If Yes, Complete Entire Section.

Number of Employees \_\_\_\_\_ Does applicant have a business auto policy? Yes    No

Any delivery use? Yes    No

List the business purposes the non-owned auto will be utilized for: \_\_\_\_\_

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

### Claims Section

List ALL Claims for the Past 5 Years. If Yes, please describe loss.

Property Claims Yes    No

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

General Liability Claims Yes    No

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

Liquor Liability Claims Yes    No

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

### Additional Interests

Mortgagees, Additional Insureds and Loss Payees are defined as Additional Interests. There are Additional Interests listed on this Application and are by this acknowledgement included in the information that is warranted by the signature(s) below.

If the information below is not checked it is understood that there are no Additional Interests to this application

Additional Insured    Name \_\_\_\_\_  
                                   Address \_\_\_\_\_  
                                   City, State, Zip \_\_\_\_\_  
                                   Interest \_\_\_\_\_

Additional Insured    Name \_\_\_\_\_  
                                   Address \_\_\_\_\_  
                                   City, State, Zip \_\_\_\_\_  
                                   Interest \_\_\_\_\_

