

ACORDTM RESTAURANT/TAVERN SUPPLEMENT

DATE

PRODUCER PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)																																
LOCATION OF PROPERTY (COMPLETE THIS SUPPLEMENT FOR EACH APPLICABLE LOCATION)																																	
TYPE OF BUSINESS																																	
CODE: SUB CODE:	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input type="checkbox"/></td> <td style="width:15%;">RESTAURANT</td> <td style="width:15%;"><input type="checkbox"/></td> <td style="width:15%;">FAMILY STYLE</td> <td style="width:15%;"><input type="checkbox"/></td> <td style="width:15%;">NIGHTCLUB</td> <td style="width:15%;"><input type="checkbox"/></td> <td style="width:15%;">BED & BREAK-FAST INN</td> </tr> <tr> <td><input type="checkbox"/></td> <td>DINER</td> <td><input type="checkbox"/></td> <td>BANQUET HALL</td> <td><input type="checkbox"/></td> <td>FRANCHISED</td> <td><input type="checkbox"/></td> <td>SEASONAL</td> </tr> <tr> <td><input type="checkbox"/></td> <td>FAST FOOD</td> <td><input type="checkbox"/></td> <td>TAVERN</td> <td><input type="checkbox"/></td> <td>OTHER</td> <td><input type="checkbox"/></td> <td>NOT FRANCHISED</td> </tr> <tr> <td colspan="8" style="text-align: right;"> YEAR ROUND </td> </tr> </table>	<input type="checkbox"/>	RESTAURANT	<input type="checkbox"/>	FAMILY STYLE	<input type="checkbox"/>	NIGHTCLUB	<input type="checkbox"/>	BED & BREAK-FAST INN	<input type="checkbox"/>	DINER	<input type="checkbox"/>	BANQUET HALL	<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	YEAR ROUND							
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AGENCY CUSTOMER ID:																																	
HOURS OF OPERATION																																	

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	9. AMUSEMENT DEVICES (POOL TABLES, VIDEO GAMES, GAMBLING, ETC)? IF YES, # AND DESCRIPTION.	YES NO
2. IS ANY ENTERTAINMENT PROVIDED? IF YES, ANSWER QUESTIONS 3-9.	YES NO	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	YES NO		
4. AGE OF CLIENTELE: 5. TYPE OF ENTERTAINMENT <input type="checkbox"/> ROCK GROUP <input type="checkbox"/> DJ <input type="checkbox"/> BAND (ANY KIND) <input type="checkbox"/> OTHER (DESCRIBE):	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	11. SEATING CAPACITY:	YES NO
7. IS DANCING PERMITTED?	YES NO	12. IF ALCOHOLIC BEVERAGES ARE SOLD, IS SERVICE RESTRICTED TO BEER AND WINE ONLY?	YES NO
8. BOUNCERS OR DOORMEN? IF YES, EXPLAIN WHY.	YES NO	13. SEASONAL?	YES NO
16. NUMBER OF EMPLOYEES FULL TIME: PART TIME:		14. ANY GRILLING, DEEP FAT FRYING, OPEN BROILING, ROASTING?	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

BED & BREAKFAST INN ONLY

1. NAME OF INN	YES NO	6. DESCRIBE EMERGENCY LIGHTING SYSTEMS	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	7. DOES INN PROVIDE GUESTS WITH ANY SPORTS EQUIPMENT, INCLUDING BOATS, BICYCLES, MOTORCYCLES OR HORSES? IF YES, DESCRIBE.	
3. NUMBER OF GUEST ROOMS:	YES NO		
4. HAS PROPERTY BEEN DESIGNATED A HISTORICAL MARKER?	YES NO		
5. WOODBURNING STOVE OR FIREPLACE INSERT? IF YES, NAME OF MANUFACTURER: DATE INSTALLED:	YES NO	8. WHERE ARE CLEANING SOLVENTS STORED?	YES NO
9. IS CABINET LOCKED OR STORED OUT OF REACH OF CHILDREN?		YES NO	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?	YES NO
2. DOES ABOVE SYSTEM COVER ALL COOKING SURFACES? IF YES, NAME OF SYSTEM:	YES NO	6. HOODS AND DUCTS OVER ALL COOKING EQUIPMENT?	YES NO
3. AUTOMATIC GAS OR ELECTRIC SHUT OFFS FOR COOKING?	YES NO	7. HOODS AND DUCTS MAINTENANCE CONTRACT SCHEDULE? # MONTHS:	YES NO
4. HOOD AND FILTERS CLEANED WEEKLY BY STAFF?	YES NO	8. ADEQUATE CLEARANCE BETWEEN HOODS, DUCTS, COOKING EQUIPMENT AND COMBUSTIBLE MATERIALS?	YES NO

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.		<input type="checkbox"/>	<input type="checkbox"/>		
3. OFF PREMISES PARKING? IF YES, ADDRESS: _____			<input type="checkbox"/>	<input type="checkbox"/>	7. ADEQUATE EMERGENCY EXITS PROVIDED, EQUIPPED WITH PANIC HARDWARE?		<input type="checkbox"/>	<input type="checkbox"/>		
			SQUARE FOOTAGE		8. NON-OWNED AUTOMOBILE? IF YES, # OF EMPLOYEES: _____		<input type="checkbox"/>	<input type="checkbox"/>		
4. ON OR OFF PREMISES CATERING/BANQUET? IF YES: % OF TOTAL RECEIPTS: _____ DESCRIBE CATERING OPERATION _____			<input type="checkbox"/>	<input type="checkbox"/>	9. VALET PARKING? IF YES, IS GARAGE KEEPER LIABILITY REQUIRED?		<input type="checkbox"/>	<input type="checkbox"/>		
					10. ANY DELIVERIES? IF YES, DESCRIBE.		<input type="checkbox"/>	<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

	<input type="checkbox"/>	FINANCIAL STATEMENT
	<input type="checkbox"/>	PHOTOS
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

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)