



RESTAURANT, BAR AND TAVERN SUPPLEMENTAL APPLICATION

1. Named Insured: _____
2. Number of Locations (attach separate application for each): _____
3. Is this a new venture? Yes No
If yes, please provide the years of prior ownership or management experience: _____
4. Address of Location: _____
5. Operating Hours: _____
6. Annual Receipts: Food \$ _____ Admission/Cover \$ _____
Liquor \$ _____ Games/Amusement Devices \$ _____
Other (describe): _____ \$ _____
7. Do you allow BYOB? Yes No
8. Type of Operation: _____
9. Type of Cuisine/Food served: _____
10. Type of Clientele: _____
Average Age of Clientele: _____ Percentage of students: _____
11. Seating Capacity: _____
Public Square Footage (all areas that are not employee only): _____
12. Are exits clearly marked and unobstructed? Yes No
13. Is valet parking available? Yes No
If yes, are the valets employed or is the service contracted? _____
14. Is there an Automatic Extinguishing System covering all cooking areas and surfaces? Yes No
If yes, is there a professional service contract in place to service and inspect the system at least semi-annually? Yes No
15. Is cooking performed under hoods? Yes No
If yes, is there a professional service contract in place to clean the hoods, vents, and ducts at least semi-annually? Yes No
16. Is any cooking performed using open fire pits or smokers? Yes No
If yes, please describe: _____
17. Is there any tabletop or tableside cooking? Yes No
18. Are customers allowed to cook their own food? Yes No

19. Have there been any health code violations in the past 3 years? Yes No
If yes, please describe: _____

20. Do you serve any raw shellfish (including oysters) at this location? Yes No
If yes, please describe: _____

21. Are firearms allowed on the premises? Yes No

22. Are security personnel utilized (bouncers, armed guards, unarmed guards, etc.)? Yes No

23. Are there doormen or ID checkers at the door at any time? Yes No

24. Are any animals, including dogs, allowed on the premises? Yes No

If yes, please describe: _____

25. Any entertainment provided? Yes No

If yes, please describe: _____

26. Is there a stage? Yes No

27. Is there a dance floor? Yes No

If yes, please provide square footage: _____

28. Do you have hookahs or other communal smoking devices? Yes No

29. Are there electronic or mechanical amusement devices on premises? Yes No

If yes, please describe: _____

Applicant's Signature: _____

Date: _____