

Do you have a bar, other than a service bar? Yes No Length of bar _____ feet # of Seats at bar _____
 Is there a cover charge? Yes No Is there a "happy hour"? Yes No # of bouncers _____
 Sports on premises (darts, etc.)? Yes No Sponsor any sports, games or teams? Yes No If yes, describe _____

 Are facilities available for catering, private parties, banquets, weddings, etc.? Yes No If yes, describe _____

Do you have a dock? Yes No Are docking facilities available for customer use? Yes No
 Do you use a janitorial service for cleaning floor area and restrooms? Yes No Name _____

Kitchen Information

How often are hoods and ducts cleaned? Weekly Daily How often are filters cleaned? Weekly Daily
 Who does routine cleaning on hoods, ducts and filters? Employees Professional cleaning service
 Your automatic fire suppression system is serviced Quarterly Semi-annually Date last serviced _____
 Do you have a contract for this service? Yes No If yes, name of contractor _____
 Is your deep fat fryer at least 18" from an open flame/combustible materials or protected by a metal baffle? Yes No
 Is your deep fat fryer protected by your automatic fire suppression system? Yes No # of fire extinguishers _____
 Do you cook in ovens only (no frying or grilling)? Yes No Do you cook in microwave ovens only? Yes No

Exposure information:

Annual gross sales for food \$ _____ Annual gross sales for liquor \$ _____
 Annual gross sales for catering \$ _____ Off premises catering _____ %
 # of Employees: Full time _____ Part time _____
 Area Occupied (sq ft) _____ Parking lot area (sq ft) _____

Inspection Contact: Name _____ Phone _____
 Must inspector call prior to inspection? Yes No If no, when is the best time for our inspector to visit the location? _____

Mortgage Holder: Name _____
 Address, City, St, Zip _____

Loss Information: Has your insurance been canceled or non-renewed in past three years? Yes No If yes, explain _____

Provide three year loss history (use separate sheet of paper, if necessary):

| <i>Previous Carrier</i> | <i>Policy Period</i> | <i>Policy No.</i> | <i>Premium</i> | <i>Losses Paid</i> | <i>Losses Open</i> | <i>Loss Description</i> |
|-------------------------|----------------------|-------------------|----------------|--------------------|--------------------|-------------------------|
| | to | | \$ | \$ | \$ | |
| | to | | \$ | \$ | \$ | |
| | to | | \$ | \$ | \$ | |

Are loss runs available from above companies? Yes No If no, why not? _____
 Have loss run been requested? Yes No Will loss runs be received prior to binding? Yes No If no, when _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Applicant's Signature _____ Date _____ Broker's Signature _____ Date _____

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