

NORTH SEA INSURANCE COMPANY®

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RESTAURANT/TAVERN APPLICATION

Applicant's

Name: _____ Broker: _____

Mailing Address: _____ Address: _____

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PROPOSED POLICY TERM: 12:01 AM

From _____ to _____

Applicant is: Individual _____ Partnership _____ Corporation _____ Other (describe) _____

Property Coverage requested:

Building Limit \$ _____

Personal Property Limit \$ _____

Cause of Loss: Basic _____ Broad _____

Special _____ Special excluding Theft _____

Co-ins _____% Deductible \$ _____

Valuation: ACV _____ or RC _____

Business Income \$ _____

co-ins _____% or monthly limit _____%

Outdoor Sign: Limit \$ _____

Sign Construction: metal _____ or other _____

Spoilage Coverage: Limit \$ _____

Breakdown/Contamination _____ Power Outage _____

Breakdown/Contamination/Power Outage _____

Refrigeration maintenance agreement? _____ (yes/no)

Liability Coverage requested:

General Aggregate \$ _____

Products-Completed Operations Aggregate \$ _____

Personal and Advertising Injury \$ _____

Each Occurrence \$ _____

Damage to Rented Premises (Fire Legal) \$ _____

Medical Expense Per Person \$ _____

Liquor Liability \$ _____

Add'l Insured Landlord

Name: _____

Address: _____

Type of Risk: tavern _____ caterer _____ disco _____ hall _____ pizza parlor _____ other (specify) _____

take out restaurant(no seating) _____ fast food restaurant _____ family style restaurant _____ seasonal restaurant _____

Clientele: local residents _____ families _____ college students _____ seniors _____ tourists _____

average age of patrons: 18-25 _____ 25-30 _____ 30-40 _____ 40 & over _____

Description of property: frame _____ joisted masonry _____ non-combustible _____ fire resistive _____

of stories _____ other occupants: _____

year built _____ upgrading: roof _____ electric _____ plumbing _____ other (specify) _____

area occupied(sq ft) _____ area of entire bldg(sq ft) _____ sprinkler system _____ # of fire extinguishers _____

automatic fire suppression system _____ service contract _____ fire alarm _____ burglar alarm _____

private room _____ parking: valet _____ or lot _____

General Information:

Number of years under current management? _____ Hours of operation _____ to _____

Days open (list Mon, Tues, etc) _____ Season open _____

Do you have: table service? _____ seating but no table service? _____ no seating? _____

% eat in _____ % take out _____

Is there any live entertainment? _____ If yes, describe _____

Is there dancing? _____ If yes, how often _____ area of dance floor (square feet) _____

Do you have any amusement devices? _____ If yes, describe _____

Do you have a bar, other than a service bar? _____ length of bar _____ feet # of seats at bar _____

Is there a cover charge? _____ Is there a "happy hour"? _____ # of bouncers _____

Sports on premises (darts, etc.)? _____ Sponsor any sports, games or teams? _____ If yes, describe _____

Are facilities available for catering, private parties, banquets, weddings, etc.? _____ If yes, describe _____

Do you have a dock? _____ Are docking facilities available for customers use? _____

Do you use a janitorial service for cleaning floor area and restrooms? _____ 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? _____ Name of contractor _____

Is your deep fat fryer at least 18" from an open flame/combustible materials or protected by a metal baffle? _____

Is your deep fat fryer protected by your automatic fire suppression system? _____ # of fire extinguishers _____

Do you cook in ovens only (no frying or grilling)? _____ Do you cook in microwave ovens only? _____

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 _____

Loss Information:

Has your insurance been canceled or non-renewed in the past three years? If yes, explain for what reason _____

Provide three year loss history

Previous Carrier _____ policy period _____ policy number _____ \$premium _____ \$ losses paid _____ \$ losses open _____ loss description... _____

Are loss runs available from above companies? _____ If no, why not _____

Have loss run been requested? _____ Will loss runs be received prior to binding? _____ If not, 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.

Applicants signature _____ date _____ Brokers signature _____ date _____