



Businessowner's Policy Supplemental Application for Restaurants

Please indicate: Fast Food Full Cooking Limited Cooking

Applicant Name: _____

Agent Name: _____

1. Is the applicant's business open 24 hours? Yes No
2. Is the operation seasonal? Yes No
3. Are delivery services offered from any location? Yes No
If yes, please indicate the method of delivery: company auto employee's auto.
4. Has the building been updated in the past 20 years?..... Yes No
5. Is security provided at any building? Yes No
If yes, indicate all that apply: Active Central Station Fire Alarm with a valid certificate.
 Active Central Station Burglar Alarm with a valid certificate.
6. Does the applicant own premises or conduct operations not described in this application? Yes No
7. Has the applicant ever been fined by any federal, state, or local governmental agency or entity related to any past or current business operations? Yes No
8. Is the applicant the sole building occupant?..... Yes No
If no, please describe the other occupancies. _____

9. Does the cooking operation include grilling, enclosed broiling, deep fat frying, roasting, barbecuing, open broiling, or solid fuel (e.g., mesquite, charcoal, or hard wood) cooking?..... Yes No
If yes, are these systems in full compliance with NFPA Standard #96 and UL #300 Standard? ... Yes No
10. Does the business have a bar or cocktail lounge? Yes No
11. Do any locations have live entertainment, dance floors, or any type of pyrotechnics?..... Yes No
12. Is the business considered a dance club, night club, disco, or adult nightclub? Yes No
13. Please indicate the percentage of total annual liquor sales. _____%
14. Has the applicant experienced any liquor liability losses in the past five years? Yes No
15. Does the applicant conduct "happy hours" or other promotional events? Yes No
If yes, please describe the events. _____

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- 16. Does the applicant have a valid liquor license? Yes No

- 17. Does the applicant have amusement devices, such as pool tables, video machines,
gambling, or other devices? Yes No
If yes, please describe. _____

- 18. Has the applicant’s liquor license ever been suspended or revoked? Yes No

- 19. Are firearms maintained on the premises? Yes No

- 20. Do the owners have at least three years experience in the restaurant business? Yes No

- 21. Does the applicant provide catering services? Yes No
If yes, please indicate the percentage of total annual sales. _____%

- 22. Are banquets held on premises? Yes No
If yes, please indicate the percentage of total annual sales. _____%

- 23. Has the applicant experienced any losses in the current and/or the past three years? Yes No
If yes, please indicate the number of losses incurred during this time frame. _____