



COLONY SPECIALTY INSURANCE RESTAURANT SUPPLEMENTAL APPLICATION

Agency Name _____ Applicant's Web Site Address _____
Applicant Name: _____ Date: _____

GENERAL INFORMATION

Receipts: \$ _____
Food: \$ _____
Liquor: \$ _____
Other: \$ _____
Total: \$ _____

Seating Capacity: _____
Operating Hours: _____
Square footage of building _____
Yrs in business at this location? _____

Type of Establishment - Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Bar | <input type="checkbox"/> On premises catering (% of sales _____) |
| <input type="checkbox"/> Sport's Bar | <input type="checkbox"/> Off premises catering (% of Sales _____) |
| <input type="checkbox"/> Tableside Cooking | <input type="checkbox"/> Open Barbeque Pits |
| <input type="checkbox"/> Tavern | <input type="checkbox"/> Raw seafood served. If yes, percentage of sales _____ |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Rental of facilities to others (# times per year _____) |
| <input type="checkbox"/> Nightclub or Private Club | <input type="checkbox"/> Food Delivery |
| <input type="checkbox"/> Bring your own liquor facility (BYOB) | |
| <input type="checkbox"/> After hours establishment (Prohibited) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Happy Hours for drink specials | |
| <input type="checkbox"/> Teen Dance Club (Prohibited) | |

Retailer recommendation:

Yes No Has the retail agent has visited the risk and recommends it for coverage?

Liquor Liability

Yes No Is applicant requesting liquor liability? If yes, please complete liquor supplemental application.

Applicant Information

- Yes No Are owners active in the business? Number years experience _____
- Yes No Does the applicant own the building?
- Yes No Does the applicant lease the building from others?
- Yes No Has applicant filed Bankruptcy (Chapter 7, 11 or 13) or is applicant in receivership (prohibited)
- Yes No Has applicant's insurance been cancelled or non-renewed in the past year for non compliance of recommendations? If "Yes", provide details: _____

General Information

- Yes No Is establishment currently open for business?
- Yes No Are there any apartment's in the building? If so, how many _____
- Yes No Is there a history of rowdiness or fights?
- Yes No Is property is for sale?
- Yes No Is property vacant, foreclosed or undergoing renovation? ? If "Yes", provide details: _____

Cooking Exposure: Complete if Property coverage is requested:

- Yes No An automatic fire extinguishing system protects hoods, ducts, grease filters and cooking areas including deep fat fryers.
- Yes No The fire extinguishing system has a manual release located outside the kitchen.
- Yes No Exhaust filters, ducts and hoods are cleaned by a professional cleaning service quarterly and inspected annually.
- Yes No Cooking equipment has an automatic fuel shutoff.
- Yes No Deep fat fryers have a temperature limit with automatic shutoff.
- Yes No Deep fat fryers are separated from any cooking surface by at least an 18-inch, non-combustible barrier.
- Yes No Is there any open flame cooking?
- Yes No Is there proper disposal of trash and smoking materials?

Safety:

- Yes No Is property in deteriorated condition?
- Yes No Is there an adequate number of fire extinguishers on premises with current service tags?
- Yes No Does building have emergency lighting?
- Yes No Is building located on a wharf, pier, beach, dock or pilings?
- Yes No Are steps and rails in good repair with adequate lighting?
- Yes No Are there any firearms on premises?
- Yes No Does insured employ bouncers?
- Yes No Does insured employ ID checkers?
- Yes No Does insured employ or subcontract armed security? If "yes" please provide details: _____

Entertainment:

- Yes No Is there a dance floor? If yes, what is the square footage _____
- Yes No Are there bands? If yes, type of music? _____
- Yes No Are there DJ's? If yes, type of music? _____
- Yes No Are there pool tables? If yes, how many _____
- Yes No Does insured employ dancers?
- Yes No Any mechanical bulls or other patron participating activities? If "Yes", Prohibited
- Yes No Is there a playroom or playground for children? If "Yes", Prohibited
- Yes No Is there any other entertainment? If so, describe _____

Parking:

- Yes No Is parking lot under applicant's control?
- Yes No Is valet parking provided by your employees? If "Yes", Prohibited
- Yes No Is valet parking subcontracted to others? If yes, does the subcontractor must provide certificates of insurance evidencing both auto liability and garage keepers legal liability (GKLL)? _____

Losses:

Describe all losses in the past 3 years: _____
 Have there been any incidents involving Assault & Battery in the past three years? If yes , explain:

I hereby certify that all information is accurate to the best of my knowledge:

Applicant Signature: _____ Date: _____
 Producer: _____ Date: _____