



Restaurant Program Supplemental Application

*This application is required for all risks with a cooking exposure. Photo required prior to binding. Signatures required for liquor liability coverage. Copy of automatic extinguishing system maintenance contract required to bind coverage. Copy of hoods & ducts maintenance/cleaning contract required to bind coverage.

General Information:

Applicant Name: _____ Website Address: _____

Quote/Policy Number: _____ Date Quote Needed: _____

Agency Name & Number: _____ Effective Date: _____

General Underwriting:

1. Number of dining area seats? _____

2. Number of bar/lounge area seats? _____

3. Description & Number of all Amusement Devices (if none, indicate by a "0" next to the device.)

- Pool Tables _____
- Dart Boards _____
- Large Screen TV's _____
- Video Games _____
- Other (describe) _____

4. Dining Room Hours of operation: From: _____ To: _____ Days per Week: _____

5. If a bar, hours of operation: From: _____ To: _____ Days per Week: _____

6. Any facilities for wedding, banquets or parties? Yes No

If yes, describe: _____

7. Has the applicant owned or operated risk to be insured at this location for a minimum of 24 months? Yes No

8. If lessor, has tenant been in business at this location for a minimum of 24 months? Yes No

9. If lessor, has applicant owned this building for a minimum of 24 months? Yes No

10. Any cover charge? Yes No

11. Any promotions? Yes No

If yes, describe: _____

12. Any sporting events? Yes No

If yes, describe: _____

General Underwriting continued:

13. Bouncer(s) employed? ___ Yes ___ No
14. Is any lounge or bar only for patrons waiting to dine? ___ Yes ___ No
15. Any entertainment? (i.e. karaoke, DJ, bands, stage shows, etc.) ___ Yes ___ No
 If yes, describe: _____
16. Any dancing or dance floor? ___ Yes ___ No

Cooking Equipment: Identify all Cooking Equipment (if none, indicate by a "0" next to the item)

Equipment	Number	Equipment	Number
Ranges with Ovens		Grills	
Deep Fat Fryers		Ovens	
Char grills		Microwave Ovens	
Woks		Pressure Cookers	
Pizza Ovens		Other	

Kitchen Fire Protection: Explain any "NO" response

1. UL 300 approved automatic extinguishing system? ___ Yes ___ No
 A. Does this system cover all cooking surfaces? ___ Yes ___ No
 B. Is the automatic extinguishing system serviced by a semi-annual maintenance contract? ___ Yes ___ No
 C. Name of System: _____
 D. Name of Contractor servicing the system: _____
 E. Date of last service: _____
2. Automatic gas or electric shut offs for cooking? ___ Yes ___ No
3. Fire extinguisher available in kitchen? ___ Yes ___ No
 If yes, number of type BC _____ number of type K _____
4. Hoods and ducts overall cooking equipment? ___ Yes ___ No
5. Hoods and filters cleaned weekly by staff? ___ Yes ___ No
6. Is there a hoods and ducts maintenance/cleaning contract? ___ Yes ___ No
 A. Name of system: _____
 B. Name of contractor servicing the system: _____

Kitchen Fire Protection: Explain any "NO" response (continued)

7. Adequate clearance between hoods, ducts, cooking equipment and combustibile materials? Yes No

Specific Risk Information – Part A. Explain any "NO" response

- 1. Is risk currently open for business? Yes No
- 2. Is risk financially successful? Yes No
- 3. Are there any renovations or construction currently underway or planned? Yes No
- 4. Are exits adequate? Yes No
- 5. Is lighting/emergency lighting adequate? Yes No
- 6. Are ashtrays emptied into separate non-combustible containers? Yes No
- 7. Is trash or linen kept in covered con-combustible containers? Yes No
- 8. Is trash removed each day? Yes No

Specific Risk Information – Part B. Explain any "YES" response

- 1. Is business seasonal? Yes No
- 2. Any tax liens, foreclosures, business failures or bankruptcy proceedings pertaining to business or owner within last 7 years? Yes No
- 3. Any prior Board of Health Violations? Yes No
- 4. Is area surrounding restaurant run down or deteriorating? Yes No
- 5. Any stairways without handrails? Yes No
- 6. Any recreational/play areas? Yes No
- 7. Any tableside cooking? Yes No
- 8. Is any beer brewed on premises? Yes No
 - If yes, on-premises consumption _____%
 - Bottled for off-premises consumption _____%
- 9. Any walk-in coolers? Yes No
 - If yes, is there a refrigeration maintenance contract in effect? Yes No
- 10. Does business operate above or below grade level or on multiple levels? Yes No
 - If yes, describe operation by level and detail emergency exits from these levels _____
 - _____
 - _____

Liquor Liability (if the answers to questions 1 & 2 are "NO", skip questions 3 through 12)

1. Does Applicant serve alcohol? ___ Yes ___ No
2. Does Applicant have a Liquor License? ___ Yes ___ No
 If yes, type and number _____ / _____
3. Does Applicant sell packaged goods? ___ Yes ___ No
 If yes, liquor receipts _____%
4. Are employees given liquor training? ___ Yes ___ No
 If yes, explain type and when trained _____ / _____
5. Does Applicant have written policy on serving alcohol for employees and customers? ___ Yes ___ No
6. Is management notified prior to shutting off patrons? ___ Yes ___ No
 If yes, is documentation kept on each incident? ___ Yes ___ No
7. Multiple bars on premises? ___ Yes ___ No
 If yes, provide number and locations _____ / _____
8. Is there a steady bar clientele? ___ Yes ___ No
9. Is there a Happy Hour? ___ Yes ___ No
 If yes, are there reduced price drinks? ___ Yes ___ No
10. Is a "Last Call" given? ___ Yes ___ No
 If yes, at what time? _____
11. Have there been any liquor board violations? ___ Yes ___ No
 If yes, list all and explain: _____

12. Number of Bartenders: _____ Number of Waiters/Waitresses: _____
 Average length of employment: _____

Receipts and Operations (If no such operation exists, indicate by entering "0")

Total Receipts	\$\$\$	%	Total Receipts	\$\$\$	%
Total Receipts			Catering (On-site)		
Food (Eat-in)			Catering (Off-site)		
Food (Take-out)			Liquor		
Food (Delivery)			Other (describe)		

Explanation and Additional Comments: _____

IMPORTANT NOTICE TO ALL APPLICANTS:

THE APPLICANT REPRESENTS THAT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION OR BELIEF, THE STATEMENTS AND FACTS MADE IN THIS APPLICATION / SUPPLEMENTAL APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS OR INFORMATION HAVE BEEN SUPPRESSED, OMITTED OR MISSTATED. FURTHERMORE, THE APPLICANT ACKNOWLEDGES A CONTINUING OBLIGATION TO NOTIFY THE PENN MILLERS INSURANCE COMPANY IN WRITING AS SOON AS PRACTICABLE, IF THERE IS A MATERIAL CHANGE IN ANY OF THE STATEMENTS OR FACTS MADE IN THIS APPLICATION / SUPPLEMENTAL APPLICATION WHICH THE APPLICANT BECOMES AWARE OF AFTER THE DATE THIS APPLICATION / SUPPLEMENTAL APPLICATION IS SIGNED. IF THE MATERIAL CHANGE OCCURS OR BECOMES KNOWN BETWEEN THE DATE THIS APPLICATION / SUPPLEMENTAL APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE INSURANCE FOR WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION HAS BEEN COMPLETED, THE PENN MILLERS INSURANCE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND INSURANCE. IT IS AGREED THAT THE STATEMENTS, FACTS AND INFORMATION CONTAINED IN THIS APPLICATION / SUPPLEMENTAL APPLICATION SHALL BE THE BASIS FOR ANY INSURANCE POLICY ISSUED OR COVERAGE PROVIDED.

THE SIGNING OF THIS APPLICATION / SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE THE INSURANCE FOR WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION HAS BEEN COMPLETED, NOR DOES THE REVIEW OF THIS APPLICATION / SUPPLEMENTAL APPLICATION BIND THE INSURANCE COMPANY, TO WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION IS BEING MADE, TO ISSUE SUCH INSURANCE.

IMPORTANT NOTICE TO ALL APPLICANTS REGARDING INSURANCE INFORMATION PRACTICES:

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. SPEAK WITH YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

NOTICE TO ALL APPLICANTS (EXCEPT OHIO, PENNSYLVANIA, TENNESSEE AND VIRGINIA):

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO ALL PENNSYLVANIA APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY 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 SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALL TENNESSEE AND VIRGINIA APPLICANTS:

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

Applicant's Printed Name

Applicant's Signature

Date

Agent's Signature

Date