

Restaurant Application Worksheet

Agent:



909 Lake Carolyn Parkway, Suite 800A
Phone: 866-828-0105 Fax 309-683-1636

Effective Date

Effective date:

R/B/B/C Eligibility

Business Hours:

Is the risk located in protection class 8, 9, 10 Yes / No

Does the owner have 3 years of ownership or 3 years of management experience in this industry? Yes / No

Is this risk a night club or dance club? Yes / No

Does the risk offer adult entertainment? Yes / No

Is the risk a fraternal organization? Yes / No

Is the risk a dinner theater or comedy club? Yes / No

Does the Risk have an active gaming or gambling license? Yes / No

Are patrons allowed to bring in or store their own liquor? Yes / No

Are there playgrounds or daycare operations on the property? Yes / No

Are there any mechanical rides, moon bounces, trampolines or rock climbing walls on premises? Yes / No

Does the risk have volleyball courts, basketball courts and or batting cages on premise? Yes / No

Does the applicant employ valet parking drivers? Yes / No

Does the risk provide delivery? Yes / No

Does catering account for more than 15% of the total receipts? Yes / No

Does the insured sponsor any teen nights or events targeted for patrons under the age of 21? Yes / No

Are pyrotechnic activities allowed on the premises? Yes / No

Does the risk have a top floor or roof top exposure? Yes / No

Are there any bikini, wet T-shirt and/or lingerie contests or events conducted on premises? Yes / No

Does the applicant sponsor any special events or athletic activities? Yes / No

General Eligibility

Is property and liability insurance coverage currently in effect? Yes / No

Is this a new venture? Yes / No

Has risk been previously cancelled or had a lapse in coverage? Yes / No

Is any property currently vacant, partially vacant, unoccupied or closed for business? Yes / No

General Eligibility

Is the risk in the course of construction or major renovation?	Yes / No
Does the existing safety program include detailed written record(s) of any injury occurring on the insured premises?	Yes / No
Do the records include proof that the management immediately shared this information with the insurance carrier?	Yes / No
Are there burglar bars on the windows?	Yes / No
Have there been any bankruptcies, financial reorganizations, or liens in the past 3 years?	Yes / No
Is risk within 1 (one) mile of the ocean or gulf, inclusive of barrier islands?	Yes / No
Is the electrical system connected to circuit breakers?	Yes / No
Are there metal detectors on the premises?	Yes / No
Are there any firearms or guard dogs on premises during or after business hours?	Yes / No

Applicant Information

DBA:	
Applicant:	
Business type:	Corporation / LLC / Partnership / Individual
Officer/Owner/Manager name:	
Mailing address:	
Mailing address (cont):	
City:	
State:	
Zip code:	
Applicant telephone:	
Applicant fax:	
Applicant email address:	
Risk web site address:	
Owner operated or leased:	Owner Operated / Leased
Years of management experience:	
Years at this location:	
Inspection contact:	

Risk Data

Is this a franchise or chain?	Yes / No
Describe other building occupants besides applicants:	

Risk Data

Describe neighboring exposures:

Is this a seasonal risk? Yes / No

If yes, number of months per year the risk is open:

Please describe premises security during the months the risk is closed:

Please describe the precautions are taken to prevent the pipes from freezing when the risk is closed?

What is the average age of the clientele?

Is a cover charge being collected? Yes / No

If yes, how many nights per week are cover charges collected?

Life Safety

Are emergency plans posted in public areas? Yes / No

Is there emergency lighting in corridors, interior hallways & stairs? Yes / No

Is there a written life safety plan? Yes / No

Are smoke detectors installed in the building? Yes / No

Are there fire extinguishers in building public areas? Yes / No

Have the fire extinguishers been serviced in the last 12 months? Yes / No

Protection: Video Surveillance - In
Video Surveillance - Out
Video Surveillance - Both / None

Prior Carrier/Loss History

Current year carrier:

Number of current year claims:

Amount paid including expenses: \$

Current year premium: \$

Prior year carrier:

Number of prior year claims:

Amount paid including expenses: \$

Prior premium: \$

2nd prior year carrier:

Number of 2nd prior year claims:

Amount paid including expenses: \$

Prior Carrier/Loss History

2nd prior premium:	\$
--------------------	----

Location

Location address:

Location address (cont):

City:

State:

Zip:

County:

Protection class:

Property deductible:	\$	\$25,000	\$10,000	\$5,000
		\$2,500	\$1,000	

Theft deductible:		\$25,000	\$10,000	\$5,000
-------------------	--	----------	----------	---------

Outdoor signs limit:	\$
----------------------	----

Outdoor signs deductible:	\$
---------------------------	----

Mine Subsidence Coverage:	\$350,000 / Not Covered
---------------------------	-------------------------

Optional Exposures

Does the risk have dancing?	Yes / No
-----------------------------	----------

Does the risk have live entertainers?	Yes / No
---------------------------------------	----------

Does the risk have music?	Yes / No
---------------------------	----------

Does the risk have security personnel?	Yes / No
--	----------

Does the risk have amusement devices?	Yes / No
---------------------------------------	----------

Does the risk have gaming or gambling exposures?	Yes / No
--	----------

Does the risk have cooking on premises?	Yes / No
---	----------

Does the risk serve alcohol?	Yes / No
------------------------------	----------

Does the risk have on-site beer brewing?	Yes / No
--	----------

Cooking / Kitchen

Is the kitchen / restaurant leased?	Yes / No
-------------------------------------	----------

If leased, does the lessee provide the lessor with a certificate of insurance?	Yes / No
--	----------

Is there open flame or deep fat fry cooking on premises?	Yes / No
--	----------

Is there a high temperature limit control on deep fryers?	Yes / No
---	----------

Does the deep fat fryer have a minimum of 16" of clearance from open flames or a baffle plate/splashguard?	Yes / No
--	----------

Are automatic fuel shut-offs installed?	Yes / No
---	----------

Does the risk have a kitchen automatic fire suppression system?	Yes / No
---	----------

Cooking / Kitchen

Has the kitchen automatic fire suppression system been serviced in the last 12 months?	Yes / No
Does the risk have a hood & duct system?	Yes / No
Date the hood & duct system was last cleaned:	
How frequently is the hood & duct system cleaned?	Monthly Quarterly Semi-Annually Annually Other

Alcoholic Beverages

Does the establishment have a current and valid alcoholic beverages license?	Yes / No
Has the applicant ever had a liquor license suspended or cancelled?	Yes / No
Is there a certified alcohol server training program in place?	Yes / No
Does applicant currently have liquor liability coverage?	Yes / No
Does applicant keep an alcohol incidents log book?	Yes / No
Type of alcohol served:	Beer/Wine / All Liquor
What percent of liquor sales is hard liquor?	
Number of warnings/citation/violations in the last two (2) years:	
Please describe the warning/citation/violation:	
What has the risk done to prevent this from occurring again?	
Does the risk offer 'Happy Hour' or discounted drinks?	Yes / No
If yes, number of nights a week?	
Do any 'Happy Hour' specials extend past 9:00 P.M.?	Yes / No
Are signs visibly posted displaying legal drinking age?	Yes / No
Are ride services available for intoxicated patrons?	Yes / No
Are patrons under the age of 21 allowed in the bar area after 10 PM?	Yes / No
Is management notified prior to "shutting off" any patron?	Yes / No
Are all servers over the state legal serving age?	Yes / No

Brewing Exposure

Is brewing done on the premises or at adjacent premise(s)?	On Premises / Adjacent
Can patrons buy beer in their own containers for consumption off-premises?	Yes / No
Is any brewed beer bottled?	Yes / No
Does insured conduct any bottling operations?	Yes / No
Is any beer sold to outside vendors? (i.e. for re-sale)	Yes / No
Is there any grinding or milling of grain done on the premises?	Yes / No
Is smoking allowed in the brewing area?	Yes / No

Brewing Exposure

What is the age of the brewing equipment?

Are there any contingency plans with other brewers in case the equipment is damaged for a lengthy time?

Yes / No

If yes, please describe:

Gambling and Gaming

Number of card tables:

Number of slot machines/video poker machines:

Number of pull tab games:

Does the risk engage in off track betting?

Yes / No

Is this space leased or run by the insured?

Leased / Run by insured

If leased, is a certificate required?

Yes / No

Amusement Devices

Number of pool tables:

Number of dart boards:

Number of arcade games/video games:

Other amusement devices:

Are any tournaments conducted on premises?

Yes / No

If yes how often?

Security Personnel

Number of ID checkers and/or door people:

Number of off duty police employed by the insured:

Number of outside security personnel and/or bouncers:

Music

What is the predominant source of music provided?

Juke Box Stereo Karaoke
Traditional Instrumental Musician
Live Band DJ
Piano Bar with audience participation

What is the secondary source of music provided?

None Juke Box Stereo
Karaoke DJ Live Band
Traditional Instrumental Musician
Piano Bar with audience participation

What is the predominant type of music played?

Jazz/Blues Reggae Folk
Rock Hip Hop/Rap
Alternative Country & Western

What is the secondary type of music played?

None Jazz/Blues Reggae
Folk Rock Hip Hop/Rap
Alternative Country & Western

Music

Is there a stage on the premises? Yes / No

If yes, is the stage elevated? Yes / No

How many nights per week is music played?

Live Entertainment

Please describe the type of entertainment:

Number of nights per week of live entertainment:

Assault or Battery

Does your current policy exclude assault or battery coverage? Yes / No

If no, what is the current assault or battery limit?

Number of assault or battery claims in the past 3 years?

If any, please describe:

Dancing

What is the size of the dance floor?

Is the dance floor raised? Yes / No

Number of nights a week that dancing is permitted:

Food Service

Does the risk have seating for patrons (other than waiting to pick food up)? Yes / No

Do patrons order at the table or at the counter? Table / Counter

Is food served cafeteria style or buffet style only? Yes / No

Is food service 100% carryout orders? Yes / No

Inland Marine

Does the risk have an Inland Marine exposure? Yes / No

Is any equipment rented, loaned to/from others with or without operators? Yes / No

Is applicant operating equipment not listed on the equipment schedule? Yes / No

Is any of the equipment used in underground work? Yes / No

Where is equipment stored after hours?

IM Equipment

Description:

IM Equipment

Manufacturer:

Model:

Model year:

ID number:

Date bought:

Limit of insurance: \$

Catastrophe

What is the distance from coastal water?	Within 1 mile	Less than 50 miles
	More than 50 miles	

Is wind / hail excluded at this location on the current policy? Yes / No

Does the risk want to exclude wind / hail coverage at this location? Yes / No

Property Extension

Property extension endorsement: Yes / No

EDP limit:	\$100,000	\$75,000	\$50,000
	\$25,000	\$15,000	

Crime

Is crime coverage required? Yes / No

Inside the premises - robbery or safe burglary of other property	No Coverage	\$1,000
	\$2,500	\$5,000 \$10,000

Inside of the premises theft of money & securities	No Coverage	\$1,000
	\$2,500	\$5,000 \$10,000

Outside the premises theft of money & securities	No Coverage	\$1,000
	\$2,500	\$5,000

Crime deductible: \$

Fidelity

Does the risk want fidelity coverage? Yes / No

Are deposits made daily? Yes / No

Employee theft limit:	No Coverage	\$1,000
	\$2,500	\$5,000 \$10,000

Forgery or alteration limit:	No Coverage	\$1,000
	\$2,500	\$5,000 \$10,000

Fidelity deductible: \$

Building Coverages

Building address:

Building description:

Building limit: \$

Building cause of loss: Special Form

Building Coverages

Building coinsurance:	100%	90%	80%
Building valuation:	Replacement Cost Actual Cash Value		
Improvements & betterments (IB) limit:	\$		
IB cause of loss:	Special Form		
IB coinsurance:	100%	90%	80%
IB valuation:	Replacement Cost Actual Cash Value		
Business personal property (BPP) limit:	\$		
BPP cause of loss:	Special Form		
BPP coinsurance:	100%	90%	80%
BPP valuation:	Replacement Cost Actual Cash Value		
Business income limit:	\$		
Business income type:	With Coinsurance Monthly Limit		
BI coinsurance:			
Exclude ordinary payroll?	Yes / No		
Bldg Ordinance A?	Yes / No		
Bldg Ordinance B Limit:	\$		
Bldg Ordinance C Limit:	\$		
Awnings limit:	\$		
Awnings deductible:	\$		
Total building square footage:	Sq. Ft.		
Number of stories:			
Number of stories occupied by the insured:			
Construction type:	Frame Joisted Masonry Modified Fire Resistive Fire Resistive Non-Combustible Masonry Non-Combustible		
Roof type:	Composite Shingles Wood Shingles Metal Clay or Concrete Tiles Single Ply Membrane Built Up Concrete Fill Unknown		
Year built:			
Has the building been updated?	Yes / No		
Year HVAC updated:			
Year roof updated:			
Year electrical updated:			
Year plumbing updated:			

Building Coverages

Is the building fully sprinklered?	Yes / No
If yes, is evidence of a sprinkler flow test available?	Yes / No
Has the sprinkler system been tested in the last 12 months?	Yes / No
Is there an active fire central station alarm with a valid certificate present?	Yes / No
Do you warrant the system is operational in return for a premium credit?	Yes / No
Is there an active burglar central station alarm with a valid certificate present?	Yes / No
Do you warrant the system is operational in return for a premium credit?	Yes / No

Liability Coverages

General aggregate limit:	\$	\$2,000,000 \$600,000 \$100,000	\$1,000,000 \$200,000	
Each occurrence	\$			
Personal and advertising injury	\$			
Products / Completed operations aggregate limit:	\$			
Liquor Liability Limit:	\$			
Fire damage limit:	\$	\$500,000 \$100,000	\$300,000 \$50,000	
Medical expense coverage:		\$5,000	\$1,000	Excluded
Does the risk want employee benefit liability coverage?		Yes / No		
If yes, employee benefit payroll:	\$			
Bodily injury deductible:		\$2,000	\$1,000	None
Property damage deductible:		\$5,000 None	\$2,000	\$1,000
Does the risk have primary auto coverage in place?		Yes / No		
If no, does the risk want hired, non-owned auto coverage?		Yes / No		

Exposures

Food Receipts:	\$
Gambling Receipts:	\$
Liquor Receipts:	\$
Catering Receipts:	\$
Describe any other exposures:	
Miscellaneous Receipts:	\$
Parking Lot Square footage:	
Lessor's Risk Only exposure type:	

Exposures

Lessor's Risk Only exposure square footage:

Vacant land: Acres

Number of apartments:

Does the risk want stop gap coverage? Yes / No

If yes, stop gap annual payroll: \$

Describe any special events in which the risk participates during the year?

Additional Interests

Name:

Address:

City:

State:

ZIP:

Relation:

Loss Payees

Name:

Address:

City:

State:

ZIP:

Relation:

Terrorism

Terrorism coverage? Yes / No

Agent Evaluation

Has producer inspected the risk? Yes / No

Producer rating of the risk: Excellent Above Average
Good

Price needed: \$

Return quote to: Producer CSR Both

Submission notes:

Additional Notes
