

RESTAURANT SUPPLEMENT TO ACORD APPLICATION	
COMPLETE ONE FOR EACH RESTAURANT LOCATION	
Named Insured:	Phone:
Operating Corporation:	
Mailing Address:	ZIP:
Website Address:	
Location of Risk: (if more than one, please attach schedule)	ZIP:
Liquor License Owner:	Liquor License #:
Liquor License Citations:	
Department of Health Grade (NYC Only): A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> GRADE PENDING <input type="checkbox"/>	

CORPORATE OFFICERS

Name:	Title:	Age:	Yrs Experience:
Name:	Title:	Age:	Yrs Experience:
# of Years at this location:	# of Years as Owner:		
If less than 3 years at location:			
Previously owned name:		Previously owned location:	
What other restaurants does the applicant(s) own/operate?			
Accountant's Name:		Phone:	
Accountant's Address:			

PROPERTY

Building:	Owned: Y <input type="checkbox"/> N <input type="checkbox"/>	Leased: Y <input type="checkbox"/> N <input type="checkbox"/>	Age:
Construction Class: Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/>			
Masonry Non-Combustible <input type="checkbox"/> Modified Fire Resistive <input type="checkbox"/> Fire Resistive <input type="checkbox"/>			
Is there any exterior EIFS cladding: <input type="checkbox"/> Y <input type="checkbox"/> N			
Fully Sprinklered: Y <input type="checkbox"/> N <input type="checkbox"/>		Date Last Serviced:	
Sprinkler System: <input type="checkbox"/> Wet Pipe <input type="checkbox"/> Dry Pipe		If Wet Pipe with any unheated areas, has antifreeze solution been added: <input type="checkbox"/> Y <input type="checkbox"/> N	
Serviced by:	Name:	Phone:	
Address:			
Are any plumbing or sprinkler lines located on outer building walls: <input type="checkbox"/> Y <input type="checkbox"/> N		If Yes are the pipes insulated: <input type="checkbox"/> Y <input type="checkbox"/> N	
Renovations: Y <input type="checkbox"/> N: <input type="checkbox"/>		Date of Renovations:	
Extent of Renovations:			
Has building been updated to comply with all City, State and Federal Requirements for Equal Access (ADA Requirements): <input type="checkbox"/> Y <input type="checkbox"/> N			
Date of Electrical & Plumbing Updates: <input type="checkbox"/>		Date of Heat and Air Conditioning Updates:	
Are there any Federal Stab-Lok Electrical Panels: <input type="checkbox"/> Y <input type="checkbox"/> N			
Date Heat/AC Last Serviced:		Serviced By:	
Fire & Smoke Detection (Explain):			

Distance to nearest body of water:		Seasonal: Y <input type="checkbox"/> N <input type="checkbox"/>	
Restaurant Hours:	Sunday:	From:	To:
	Monday:	From:	To:
	Tuesday:	From:	To:
	Wednesday:	From:	To:
	Thursday:	From:	To:
Dining Room Seating Capacity:	Friday:	From:	To:
Bar Seating Capacity:	Saturday:	From:	To:
Secondary Power Source: Y <input type="checkbox"/> N <input type="checkbox"/>		Type: Gas Y <input type="checkbox"/> N <input type="checkbox"/>	Liquid Petroleum: Y <input type="checkbox"/> N <input type="checkbox"/>
		# of Tanks:	
		Size of Tanks:	
If other, Please describe:			
Below Grade Basement: Please describe any inventory, storage, or operations below grade/basement:			
Please list covered property and approximate value:			
Fireplace on Premises: Y <input type="checkbox"/> N <input type="checkbox"/>		Type:	# of fireplaces:
Knox Box Present: Y <input type="checkbox"/> N <input type="checkbox"/>		Does the premises have truss construction?	
		Roof <input type="checkbox"/> Floor <input type="checkbox"/> Both <input type="checkbox"/>	
Distance to nearest hydrant:			
Location of Utility & Power Lines: Above Ground <input type="checkbox"/> Below Ground <input type="checkbox"/>			
Corporate Vehicles: Y <input type="checkbox"/> N <input type="checkbox"/>		# of Vehicles: (attach schedule of vehicles)	
Insurance carrier for auto:			
Limits (CSM Umbrella will not provide excess owned auto coverage):			
Valet Parking: Y <input type="checkbox"/> N <input type="checkbox"/>		Is it outsourced: Y <input type="checkbox"/> N <input type="checkbox"/>	
Certificate of Insurance attached if outsourced: Y <input type="checkbox"/> N <input type="checkbox"/>			
Food Delivery: Y <input type="checkbox"/> N <input type="checkbox"/>		Type: Auto <input type="checkbox"/> Bike <input type="checkbox"/> Foot <input type="checkbox"/>	Radius in miles or blocks:
Entertainment: Y <input type="checkbox"/> N <input type="checkbox"/>		Type:	# of nights a week:
Bouncer/Security: Y <input type="checkbox"/> N <input type="checkbox"/>		Describe Duties:	
Amusement Devices: Y <input type="checkbox"/> N <input type="checkbox"/>		Types:	
Accept most major credit cards: Y <input type="checkbox"/> N <input type="checkbox"/>		Computerized Receipts: Y <input type="checkbox"/> N <input type="checkbox"/>	

CRIME AND INLAND MARINE

Is the owner or manager on premises during operating hours at least 75% of the open hours: Y <input type="checkbox"/> N <input type="checkbox"/>	
Is there a written employee manual distributed to all employees: Y <input type="checkbox"/> N <input type="checkbox"/>	
Premises Alarms:	
Type:	Local:
Central Station:	Who is monitoring company:
Are monies deposited nightly: Y <input type="checkbox"/> N <input type="checkbox"/>	Armed car services used: Y <input type="checkbox"/> N <input type="checkbox"/>
Safe:	
Name:	Type:
Video Surveillance: Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, how long does insured keep tapes:

Fine Arts on premises: Y <input type="checkbox"/> N <input type="checkbox"/>		If yes, please indicate total amount:	
Are employees handling cash: Y <input type="checkbox"/> N <input type="checkbox"/>			
Checkroom theft:			
Owner Operated:	Y <input type="checkbox"/> N <input type="checkbox"/>	Sub-Contracted:	Y <input type="checkbox"/> N <input type="checkbox"/>
Attendant on duty at all times	Y <input type="checkbox"/> N <input type="checkbox"/>	Receipt Given	Y <input type="checkbox"/> N <input type="checkbox"/>
Furs/Leather garments accepted	Y <input type="checkbox"/> N <input type="checkbox"/>		

LIABILITY

Square Footage:		Building:		Parking Lot:	
Sales:	Food: \$	Liquor: \$		Retail: \$	
				Total: \$	
Outdoor seating: Y <input type="checkbox"/> N <input type="checkbox"/>		If yes, how many tables:		Happy Hours: Y <input type="checkbox"/> N <input type="checkbox"/>	
Catering Sales: Y <input type="checkbox"/> N <input type="checkbox"/>		On Premises: \$		Off Premises: \$	
Type of catering function if any:					
Does the restaurant have a bar: Y <input type="checkbox"/> N <input type="checkbox"/>			# of Seats at Bar:		
Is restaurant on more than one level: Y <input type="checkbox"/> N <input type="checkbox"/>			Restrooms on the same level: Y <input type="checkbox"/> N <input type="checkbox"/>		
Dance Floor: Y <input type="checkbox"/> N <input type="checkbox"/>		Diameter of dance floor:		Is dance floor portable: Y <input type="checkbox"/> N <input type="checkbox"/>	
TIPS Training: Y <input type="checkbox"/> N <input type="checkbox"/>		Safe Serv Certified: Y <input type="checkbox"/> N <input type="checkbox"/>		# of Bartenders: Are they subcontracted: Y <input type="checkbox"/> N <input type="checkbox"/>	
Bar Hours		Sunday:	From:	To:	
		Monday:	From:	To:	
		Tuesday:	From:	To:	
		Wednesday:	From:	To:	
		Thursday:	From:	To:	
		Friday:	From:	To:	
Saturday:		From:	To:		
Bring your own bottle allowed (BYOB): Y <input type="checkbox"/> N <input type="checkbox"/>			Alcohol incidents documented: Y <input type="checkbox"/> N <input type="checkbox"/>		
Snow & Ice removal procedures in place: Y <input type="checkbox"/> N <input type="checkbox"/>					
Are certificate of insurance obtained: Y <input type="checkbox"/> N <input type="checkbox"/>					
Connecticut only: If risk donates food to shelters, is there a quality food operator and are his/her certificates current: Y <input type="checkbox"/> N <input type="checkbox"/>					

COOKING HAZARDS

Automatic Extinguishing system over cooking area(s): Y <input type="checkbox"/> N <input type="checkbox"/>			
Type:		Tank Size:	
Servicing Contractor:		Name:	
Phone:	Date last serviced:	Certificate posted on hood: Y <input type="checkbox"/> N <input type="checkbox"/>	
Service contract for automatic extinguishing system: Y <input type="checkbox"/> N <input type="checkbox"/>			
Quarterly Cleaning contract for hood and exhaust system: Y <input type="checkbox"/> N <input type="checkbox"/>			
Servicing contractor:		Name:	
Phone:	Date last serviced:		

Manual pull for automatic extinguishing system: Y <input type="checkbox"/> N <input type="checkbox"/>					
Hoods & filters cleaned at least weekly: Y <input type="checkbox"/> N <input type="checkbox"/>					
Kitchen ducts cleaned quarterly: Y <input type="checkbox"/> N <input type="checkbox"/>					
Hand extinguishers accessible to cooking area(s): Y <input type="checkbox"/> N <input type="checkbox"/>					
# of extinguishers:			Type:		
Self closing metal bin for storage of used linen: Y <input type="checkbox"/> N <input type="checkbox"/>					
Does gas safety valve exist: Y <input type="checkbox"/> N <input type="checkbox"/>					
Is safety valve marked: Y <input type="checkbox"/> N <input type="checkbox"/>			Is safety valve known by employees: Y <input type="checkbox"/> N <input type="checkbox"/>		
Is there a written close down/open up procedure in place: Y <input type="checkbox"/> N <input type="checkbox"/>					
Are written food safety procedures in place: Y <input type="checkbox"/> N <input type="checkbox"/>					
Equipment	Electric	Gas	Underhood	Fuel Shut-Off	Surface Protection
Grill	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Deep Fry	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Broiler	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Range w/Oven	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Oven	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Steam Table	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Prepared by/Title:

Date:

Producer:

Date:

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW YORK APPLICANTS: "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 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 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."

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