

MAVERICK COMMERCIAL INSURANCE SERVICES

Fine Dining Supplemental Application

Please complete and submit this application per location with completed:
(Items marked with * are mandatory)

*ACORD applications (ACORD 125, 126, 140)

*FEIN

*Three years plus current year currently valued loss runs

*Dinner menu and wine list

*Service contract for semi-annual service for automatic fire suppression system

Agency: _____ Insured Applicant's Name: _____

Agency Number: _____ Company Name: _____

*FEIN: _____

How many restaurant locations will be insured on this policy? _____

How many restaurant locations does insured own/manage? _____

GENERAL RATING/UNDERWRITING

Location of Property: _____

Square Footage

Total Building: _____ Restaurant: _____ Number of Apartments (if any): _____

Original Use and Subsequent Occupancies of the Building: _____

Explain all "Yes" responses unless stated otherwise

1. Has applicant now or in the past been involved in bankruptcy, foreclosure, tax lien, business failure, or any litigation?

Yes No If Yes, explain: _____

2. Are adequate emergency exits provided and equipped with panic hardware? (No explanation needed) Yes No

3. Have adequate smoke alarms been installed? (No explanation needed) Yes No

4. Any other on or off premises exposures not listed above?

Yes No If Yes, explain: _____

*Hours of Operation: _____ a.m. to _____ p.m. Total Seating Capacity: _____ Dining _____ Bar/Lounge _____

FOOD

LIQUOR

OFF PREMISES CATERING

OTHER

*Current Estimated: \$ _____

*Past 12 Months: \$ _____

*Prior 12 Months: \$ _____

*Prior 12 Months: \$ _____

Please describe other sales if applicable: _____

How long has this restaurant been in operation under same management? _____

*If under three years, please provide the name and address of the restaurants formerly owned/managed by applicant, if any

Name: _____

Address: _____

(Please provide) Resume of applicant/manager's prior restaurant experience

GENERAL LIABILITY SECTION

(Items marked with * are mandatory)

*Level Changes and Floor Transitions (steps, staircases, changes in floor transitions). Please indicate closest description.

- Floor is level with no stairs or changes in transition
- One transition of one or two steps
- Two or more transitions of one or two steps
- Five or more transitions
- Multiple floors

Are there any elevators within insured's premise? Yes No

Are there any escalators within insured's premise? Yes No

*Does the restaurant have private banquet facilities at this location? Yes No

*Total banquet sales: \$ _____ *Total banquet sales as a percentage of total sales: _____

*Does the restaurant have a dance floor at this location? Yes No

*Is it in the main dining area, or in a private banquet room? _____

*Square feet of dance floor: _____

*Approximate # of days/week where dancing occurs: _____ days/ _____ weeks

* Does the restaurant perform any off site activities?

Yes No If yes, please describe: _____

*Does the restaurant have music or live music?

Yes No If yes, please describe: _____

*Total off premises catering sales: \$ _____ *Total off premises catering sales as a percent of total sales: _____

*Do you deliver? Yes No

Is delivery done in owned commercial vehicles? Yes No

Is delivery done by employees using own vehicles? Yes No Number of nonowned vehicles used in delivery: _____

*Do you sell any other food products under your own name?

Yes No If yes, please describe: _____

Total Annual Sales: \$ _____

*Do you sell any other products?

Yes No If yes, please describe: _____

Total Annual Sales: \$ _____

*Parking Lots and Valet Parking

1. Do you own the parking lot? Yes No

2. Is the lot well lit and in view of passersby? Yes No

3. Are you responsible for maintenance of the parking lot? Yes No

4. Are you responsible for snow removal in the lot? Yes No

5. Are you required by lease contract to name the lot owner an additional insured under this policy? Yes No
6. Do you secure proof of liability insurance including WC for any contractor that works or removes snow on this lot? Yes No
- *7. Do you offer valet parking? Yes No
8. Is valet parking provided by your own employees? Yes No
9. If provided by own employees, do you check MVRs of attendants? Yes No
10. Is valet parking provided by a contracted firm? Yes No
11. If provided by outside contractor, do you secure certificates of insurance indicating garage, garagekeeper's liability and WC naming you as an additional insured and with Waiver of subrogation? Yes No
- *12. What is the vehicle capacity of the parking lot? _____

Health Department Rating

*Health Department Rating: _____ (Please indicate A, B, C, D, or equivalent for most current rating)

Experience and Training of Staff

Please indicate how many years of experience in commercial culinary positions the head chef has:

Months _____ Years _____ *How many total employees are: _____ FT _____ PT

*Are employees given formal training? Yes No

*Are there written safety policies? Yes No

*Refrigeration Equipment

How old is the refrigeration and freezing equipment? _____

Has it been renovated or replaced? _____

Describe what has been replaced/renovated: _____

When was this renovation/replacement done? (year): _____

How many times per year is this equipment cleaned? _____

How many times per year is preventative maintenance performed? _____

By an outside service or own employees? _____

*ADA Compliance

Is restaurant in compliance with ADA requirements? Yes No Please describe: _____

Customer Complaint and Incident Handling

Do you provide complimentary meals/dry cleaning or offer to pay for first aid expenses if an incident occurs?

Yes No Please describe: _____

Is staff instructed to be proactive with respect to customer complaints and incidents? Yes No

Are all incidents reported to management? Yes No

Are on site investigations conducted by management? Yes No

Are written records kept of all incidents? Yes No

Are claims reported promptly to insurance carrier? Yes No

PROPERTY COVERAGE

(Items marked with * are mandatory)

Cooking Appliances

NUMBER OF:

Deep Fryers _____

Broilers _____

FUEL SOURCE:

Gas Electric Other

Gas Electric Other

Grills _____ Gas Electric Other

Ovens _____ Gas Electric Other

Other _____ Gas Electric Other

Is there any tableside cooking? Yes No If yes, please describe: _____

Cooking Protection Systems

Dry Chemical: _____ CO2: _____ Wet Chemical: _____ Other: _____

Does automatic fire extinguishing system provide coverage over all cooking surfaces including all fryers, broilers, grills and griddles, and ranges? Yes No If no, please describe: _____

Do metal hoods and ducts cover all cooking surfaces? Yes No

Are hoods equipped with removable filters or grease extractors vented outside the building? Yes No

Is the manual pull for the extinguishing system easily accessible, clearly identified, and employees trained on how it works? Yes No

Do all gas cooking equipment and electric fat fryers have automatic fuel shut offs? Yes No

Do all deep fat fryers have thermostat with automatic fuel shut off? Yes No

Is all cooking equipment installed minimum 18 inches from all combustible walls and ceilings? Yes No

How many fire extinguishers are in the kitchen area? _____ Are these clearly marked and readily available? Yes No

How often are hoods and vents cleaned? _____

By employees or outside service? _____ (Please attach copy of contract if by outside service)

*Automatic Extinguishing Systems must be serviced at least every six months.

*Attach copy of current service contract

Premises Protection Systems

Is this risk sprinklered? Yes No

Who is responsible for maintaining the sprinkler system? _____

Is the system checked annually by an outside sprinkler contractor? Yes No

Provide name of service contractor if you are responsible for maintenance: _____

Does this risk close down for more than 30 consecutive days? Yes No

Does this risk have a fire alarm? Yes No

Local or central station? _____ Monitoring company: _____

Does this risk have a burglar alarm? Yes No

Local or central station? _____ Monitoring company: _____

Building Characteristics

Is building over 10 years old? Yes No If so, list dates of updating and renovations in past 10 years to:

	Year	Extent
<input type="checkbox"/> Roof	_____	_____
<input type="checkbox"/> Electrical service	_____	_____
<input type="checkbox"/> Plumbing systems	_____	_____
<input type="checkbox"/> HVAC systems	_____	_____

Are there any unusual characteristics or conditions, such as fine arts, antiques, wood or gas burning fireplaces, historical building or location, rare or special fixtures or furnishings, or heavy seasonality that we need to know about?

Yes No If yes, please describe: _____

How far from any body of water is this risk located? _____

What is the body of water (name)? _____

Is this risk in a flood zone? Yes No

Is this risk in a wind pool area? Yes No

Is this risk on an island? Yes No

LIQUOR LIABILITY

Effective date: _____ Prior Carrier: _____

Limit Requested: 500,000 1,000,000 Other

*Liquor License #: _____ Beer/Wine Full Liquor

Current Carrier: _____ Policy Number: _____

Policy Type: Occurrence Claims Made

*Loss runs (Please attach)

Liquor Sales

Current 12 Months: On-Premises Consumption: \$ _____ Off-Premises Consumption: \$ _____

On-Premises Sales: \$ _____

Actual Prior 12 Months: On-Premises Consumption: \$ _____ Off-Premises Consumption: \$ _____

On-Premises Sales: \$ _____

On-Premises Drink Prices: Cocktails \$ _____ to \$ _____

Beer \$ _____ to \$ _____

Wine \$ _____ to \$ _____

Do you serve or provide alcoholic beverages for any off-premises events?

Yes No Please describe: _____

Do you have any drink specials like Ladies night, 2fers, etc.? Yes No

Do you serve flaming drinks? Yes No

Have you or any partner, officer, or licensee ever had a liquor license revoked or suspended?

Yes No Please explain: _____

Are employees trained to handle minors or intoxicated patrons? Yes No

Do all employees receive TIPS or similar formal training?

Yes No If not, how are they trained _____

Are there written guidelines for checking IDs? Yes No

Are employees empowered to cut off over served patrons? Yes No

Has liquor coverage been declined, denied, cancelled or non-renewed within the last three years?

Yes No Please explain: _____

Is there any incident of which you are aware that may present a claim?

Yes No Please explain and provide details: _____

Applicant Signature _____ Date _____

Producer Signature _____ Date _____