



Application For Restaurants (Supplement)

1. Name of Insured _____
2. Type of Restaurant: _____ Hours of Operation? _____
3. Gross annual sales? \$ _____ Food Sales \$ _____ Beer/Wine Sales \$ _____ Liquor Sales \$ _____
4. List number of each type of cooking unit and check fuels used for that unit.

| | | | | | |
|--------------------|------------------------------|-----------------------------------|------------------|------------------------------|-----------------------------------|
| Oven(s) _____ | <input type="checkbox"/> Gas | <input type="checkbox"/> Electric | Grill(s) _____ | <input type="checkbox"/> Gas | <input type="checkbox"/> Electric |
| Fryer(s) _____ | <input type="checkbox"/> Gas | <input type="checkbox"/> Electric | Broiler(s) _____ | <input type="checkbox"/> Gas | <input type="checkbox"/> Electric |
| Range Top(s) _____ | <input type="checkbox"/> Gas | <input type="checkbox"/> Electric | Charcoaler _____ | <input type="checkbox"/> Gas | <input type="checkbox"/> Electric |

 Other (please explain) _____
5. Grease chute for grill? Yes No How often cleaned? _____
6. Construction of wall behind cooking units? _____
7. Are deep fat fryers located more than 16" from an open flame? N/A Yes No*
8. Are all units covered by a seamless hood and duct? Yes No*
 Are hood and duct properly vented? Yes No*
 Are there filters in hood and duct? Yes No*
 If so, how often are they cleaned? _____
 Is the exhaust fan located outside the duct? Yes No*
 Is it installed with safe clearance? Yes No*
 Are light bulbs in the hood covered? N/A Yes No*
 Does a commercial firm service hood and duct? Yes No*
 If yes, company name? _____ How often serviced? _____
9. How is grease discarded? _____
10. Are compressors in good condition? Yes No*
11. Is housekeeping good? Yes No*
12. Is there an automatic extinguishing system? Yes No*
 If yes, supply the following information:
 Manufacturer? _____ Type/Size _____
 Month/Year tagged? _____ Full surface coverage? Yes No*
 Does a commercial firm service automatic extinguishing system? Yes No*
 If yes, company name? _____ How often serviced? _____
 Manual pull release? Yes No*
13. Is there a fuel shut-off? Yes No*
14. Are there thermostats and high limits on deep fryers? Yes No*

*** Must refer to company for approval.**

15. Are there portable kitchen fire extinguishers? Yes No*
 If yes, number/size _____ Type _____ Month/Year tagged _____
16. What is seating capacity? _____
17. Is there any delivery? Yes No Is there any catering? Yes No
 What are gross annual sales from catering? \$ _____
18. Any entertainment for restaurant? Yes No
 If so, what type? _____ Live Music? Yes No
 What type? _____ Dance Floor? Yes No Railings? Yes No
 Any other restaurants previously owned? Yes No Any fires at these locations? Yes* No

*** Must refer to company for approval**

Applicant's Signature: _____

Date: _____

Title: _____

Producing Agent _____