



RESTAURANT APPLICATION

Date: _____

- 1. Name (Applicant): _____
2. Address: _____ County: _____
City: _____ State: _____ Zip Code: _____ Website: _____
3. Mailing Address (if different): _____
4. Owners Name (Principal): _____ SS#: _____
Home Address: _____
Home Phone #: _____ Business Phone #: _____
5. Effective Date: _____ Current Company: _____ Current Premium: _____

BUSINESS INFORMATION

- 6. Applicant is a (check one): [] Corporation [] Partnership [] Individual [] Other _____
7. Applicant is a (check one): [] Restaurant [] Diner [] Tavern [] Night Club [] Banquet Hall [] Fine Dining
[] Other _____
8. # of years at this location: _____ # of years in Restaurant Business: _____
9. If less than 3 years at this Location, list previous experience _____
10. Building Owner Name: _____
Address: _____
Include Building Owner as Name Insured as interest may appear? [] Yes [] No

FINANCIAL INFORMATION

- 11. If Owner or Corporation now or ever involved in: [] Bankruptcies [] Foreclosures [] Tax Liens [] Business failure [] Any Litigations
If Yes, Please explain: _____

ADDITONAL INTERESTS

- 12. Mortgagee and Address: _____
13. Additional Insured: _____
14. Loss Payees: _____



PROPERTY SECTION

15. Building Limit: _____ Co-Ins%: _____ ACV: _____ R/C: _____ Deductible: _____
 16. Contents Limit: _____ Co-Ins%: _____ ACV: _____ R/C: _____ Deductible: _____
 17. Business Income Limit: _____ Contribution or Co-Ins%: _____ Deductible: _____
 18. Business Income ALS: Yes If yes, Business Income Worksheet MUST be completed

***** Please Note: If Worksheet is not completed and signed, ALS will not be quoted*****

19. Cause of Loss: Basic Special Special with Theft on Contents Only
 20. Business Income with Extra Expense: Yes No If not answered, will be Rated without
 21. Loss of Rents Limit: _____ Co-Ins%: _____ Cause of Loss: _____ Deductible: _____
 22. Sign Limit: _____ Type: _____ Wording: _____ Deductible: _____
 23. Glass Coverage Needed: Yes No If yes, provide value \$ _____
 24. Crime Coverage Needed Form C Limit: _____ Deductible: _____
 25. Employee Dishonesty Limit: _____ Deductible: _____
 26. Other Property Coverage's: _____
 27. Multiple Occupations? _____ If so, List: _____

LIABILITY SECTION

28. General Liability Limit: _____ Aggregate: _____
 29. Liquor Liability Limit: _____ Aggregate: _____
 30. Receipts: Food _____ Liquor _____ Other _____ Total _____
 31. Square Footage: Total Building _____ Restaurant _____ Apts. _____ # Apts. _____
 32. Off Premise Parking: Yes No If yes, list address and square footage: _____
 33. On or Off Premise Catering/Banquet: Yes No If yes, % total receipts: _____% Describe catering operation: _____
 34. Lodging Operations Other than Apartments: Yes No If yes, Describe: _____
 35. Any Other On or Off Premise Exposures NOT Listed Above: Yes No If yes, Describe: _____
 36. Non- Owned Automobile: Yes No If yes, No. of Employees _____ Any delivery use? _____
 37. Valet Parking: Yes No If yes, is Garage Keeper Liability Required? Yes No If yes, Limit _____
 38. Any Elevators, Stairs on Premises: Yes No Any Tableside Cooking: Yes No

LIQUOR LEGAL LIABILITY SECTION

39. Does Applicant Serve Alcohol: Yes No If yes, Entire Section MUST be Completed
 40. Does Applicant have Liquor License: Yes No If yes, Type and # _____
 41. Does Applicant Sell Package Goods: Yes No If yes, % of Liquor Receipts _____%
 42. # of Bartenders _____ # of Waiters/Waitresses _____ AVG Length of Employment _____
 43. Are Employees given Liquor Training: Yes No If yes, explain type and when trained _____
 44. Does Applicant have written policy on Serving Alcohol for Employees & Customers: Yes No
 45. Is Management notified prior to shutting off patrons: Yes No
 46. Is documentation kept on incidents: Yes No Service Bar only: Yes No
 47. # of Bars on Premises _____ Is there steady bar clientele Yes No
 48. Is there a Happy Hour: Yes No Reduced Price Drinks: Yes No
 49. Is a Last Call given: Yes No If yes, what time? _____
 50. Are Shots Given: Yes No Shots specials/ Shooter Girls: Yes No
 51. Have there been any liquor board violations: Yes No If yes, list ALL violations: _____

ENTERTAINMENT SECTION

52. Entertainment: Yes No If yes, ENTIRE Section must be completed
53. Nights of the week: Fri _____ Sat _____ Other _____ Age of Clientele _____
54. Type of Entertainment: Rock Group _____ DJ _____ Band (any kind) _____ GO-GO _____
Other (please describe) _____
55. Does a Dance Floor Exist: Yes SQ. Footage _____ No Is dance permitted Yes No
56. Bouncers or Doormen: Yes No If yes, explain why _____
57. Amusement device (Pool tables, Video Games, etc) Yes No If yes, # _____ Description: _____

CLAIMS SECTION

58. List all claims for each section for the past 5 years, By year (if none, NONE must be stated, by Year)
- Property Claims: _____

- General Liability Claims: _____

- Liquor Liability Claims: _____

- Umbrella Claims: _____

UMBRELLA SECTION

59. Limit Requested: _____
60. Business Auto Carrier: _____ Policy # _____ Premium: _____
61. Total # of Vehicles _____ # Private Passenger _____ # Commercial _____ Limit _____
62. Employers Liability Carrier: _____ Policy # _____ Limit _____

OPERATIONS SECTION

63. Is Applicant Open Now: Yes No If no, Explain _____
64. Hours of Operation: From _____ To _____ # of days per week: _____
65. Is Applicant a Seasonal Operation: Yes No If yes, Explain _____
66. Distance to Ocean or Nearest body of water: _____

PHYSICAL PLANT SECTION

67. Age of Building: _____ Construction: _____ # of Stories: _____
68. Age of: Wiring _____ Plumbing _____ Heating _____ Roofing _____
69. Smoke Detectors: Yes No If yes: Electric _____ Batter Power _____
70. Fire Alarm: Yes No If yes, Type _____
71. Burglar System: Yes No If yes, Type _____
72. Sprinkler System Yes No If yes, Age _____ Type _____
73. Kitchen Fire Protection :
- | | | |
|---|------------|-----------|
| U.L Approved Automatic Extinguishing System under Semiannual Contract | <u>Yes</u> | <u>No</u> |
| Above System Covering All Cooking Surfaces | _____ | _____ |

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Name of System _____
 Automatic Gas or Electric Shut Offs for Cooking _____
 Hoods and Ducts over all Cooking Equipment _____
 Hoods and Ducts Maintenance Contract Schedule # Month _____

The signing of this application does not bind the Applicant or any company to compete the insurance, but it is agreed that the information contained herein shall be the basis of the acceptance of a contract. It is therefore the warranty of the undersigned that the information contained herein is true and correct, and is hereby understood that the policy will be warranted based on this information. It is further understood that any person who knowingly and with the 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 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 violation.

Insured's Signature: _____ Date: _____
 (Must be signed by Insured to Bind)

Agent: _____ Salesperson: _____
 Address: _____
 Phone#: (____) _____ Fax#: (____) _____
 E-mail: _____

