

RESTAURANT SUPPLEMENTAL APPLICATION

Insured _____ Inception Date _____

Business and Financial Information

1. Experience: Number of years in restaurant management _____ At this location _____
2. Does the owner operate and manage this restaurant? Yes _____ No _____
3. Total number of employees _____ Total square footage of the risk _____
4. Is insured presently in Chapter 11, bankruptcy or contemplating bankruptcy filing? _____
5. Food sales _____ Catering _____ Take Out _____ Other _____
 - a. Alcoholic beverage sale for on-premises consumption _____
 - b. Alcoholic beverage sales-carry out _____
6. Public area _____ Seating capacity (occupancy permit) _____

General Information

7. What type of restaurant? _____ Sports Bar _____ Other _____
 - a. Average price of entree _____
 - b. Separate wine list? _____
8. Does this restaurant serve raw shellfish? _____ Does menu contain a disclaimer? _____
9. Does restaurant provide delivery service? _____
10. Dance floor? _____ Square foot area _____
11. Does restaurant employ bouncers or security guards? _____ If so, are they armed? _____
12. Table-side cooking? _____ Open pit barbecues? _____
13. Does restaurant sponsor or participate in any athletic or special events where coverage is needed? _____
14. Does restaurant provide any live entertainment? _____ Nights per week _____
If yes: Rock & Roll _____ Blues/Jazz _____ Other _____ DJ _____
Solo Musician/Vocalist _____ Country _____ Topless Dancers _____
15. Any amusement devices such as: Pool tables _____ # of tables _____ Darts _____
Video games _____ # of games _____
Mechanical bulls or other patron participation devices? _____ Other _____
16. Playgrounds or playrooms? _____
17. Hours of operation: Weekdays _____ Weekends _____
18. Seasonal? _____ If so, how many consecutive months closed? _____
19. Neighborhood Crime and V&MM exposure: High _____ Moderate _____ Low _____

20. Burglar alarm: Central Station _____ Local _____ None _____
21. If new construction, is construction completed? _____ If no, completion date _____
22. Is building sprinklered? _____
23. Is risk currently open for business? _____
24. Is trash removed from the inside premises nightly? _____
25. Is location equipped with emergency lighting and smoke detectors? _____
26. Firearms on premises? _____
27. Is restaurant located on a wharf, pier, dock, pilings or beach? _____
28. Estimate percentage of restaurant patrons that arrive by boat _____

Automatic Fire Extinguishing System (Warranted by Policy)

29. Does the automatic suppression system protect all cooking surfaces? _____
30. Is this system under maintenance contract? _____ If so, what is the schedule? _____

Hood, Duct Vents, Fan Motors, etc. (Warranted by Policy)

31. Does insured have cleaning contract with outside professional cleaning contractor for periodic cleaning of all hoods, ducts, vents, fan motors, etc? _____ If so, what is the schedule? _____

Liquor Liability Supplemental

32. Limit of liability each common cause: \$100,000 \$300,000 \$500,000 \$1,000,000

33. Description of business:

Bar or Tavern _____ Mini Mart with Gas _____ Restaurant _____ Supermarket _____
 Caterer _____ Motel/Hotel _____ Special Event _____ Country Club _____
 Mini Mart w/o Gas _____ Private Club _____ Sports Bar _____ Other _____

34. Liquor Liability insurance carrier and loss history for prior five years

Year	Carrier	Premium	Date of Loss	Description

35. Has your liquor coverage ever been cancelled or non-renewed? _____
 If yes, please describe _____

36. Is the applicant aware of any incidents, which may lead to a claim? _____
 If yes, attach complete details of each incident

37. Have there been any fights among the patrons this year? _____
 If yes, provide complete details _____
38. Does the applicant provide any formal training or guidance for employees with respect to handling of minors or intoxicated customers? _____ If yes, provide details
39. Has the applicant or any owner, partner, officer or licensee ever had a license revoked, refused or suspended or ever been cited/fined for a liquor violation? _____ If yes, provide full details
40. Average age of cliental _____
41. Number of: Bartenders _____ Bouncers _____ Servers _____ ID Checkers _____
 Armed Security Guards _____ Unarmed Security Guards _____
42. Accountant/Audit Records:
 Bookkeeper _____
 Phone # _____ Please attach a copy of the menu

Notice to Applicant: A 25% minimum earned premium will be charged on cancellation made at the insured's request, including nonpayment. It is mutually understood and agreed between the Company and the Applicant that any inspection of the premises operations, or any matter pertaining to Insurance afforded by the Company, is made for the use and benefit of the Company only, and is not relied upon the Applicant in any respect.

Declaration: I declare that the statements made in the application are complete and true.

Fraud Statue Section 817.234: Any person who knowingly and with intent to injure, defraud or deceived any insurer files statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree. I hereby authorize Advanced E&S to run any credit reference checks in accordance with the Fair Credit Reporting Act (91-508) should they deem necessary.

Insured/Applicant Signature	Title
Agent's Signature	Date

Each question must be answered and form signed upon request to bind coverage.