

# Supplemental Application for Restaurant or Tavern



**Steadfast Insurance Company**  
 Dover, Delaware  
 Administrative Offices: 1400 American Lane  
 Schaumburg, Illinois 60196-1056

<b>LOCATION OF PROPERTY</b>		<b>Location #</b> _____
(Complete this supplement for each applicable location)		
<b>Street address</b>		
<b>City</b>		
<b>State</b>		
<b>Zip code</b>		
<b>Type of Business:</b>		
<input type="checkbox"/> Restaurant <input type="checkbox"/> Family Style <input type="checkbox"/> Nightclub <input type="checkbox"/> Diner <input type="checkbox"/> Banquet Hall <input type="checkbox"/> Fast Food <input type="checkbox"/> Tavern/Bar <input type="checkbox"/> Other		<input type="checkbox"/> Franchised <input type="checkbox"/> Not Franchised <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round
Type of Area:		
<input type="checkbox"/> Industrial/commercial <input type="checkbox"/> Residential <input type="checkbox"/> Rural <input type="checkbox"/> Other		
Hours of Operation:		
Original Use and Subsequent Occupancies of the Building:		
Has business been in operation less than 5 years at this location? If yes, describe prior experience of owner/manager.		
Owner or Occupation now or in the past involved in:		
<input type="checkbox"/> Bankruptcy <input type="checkbox"/> Tax Lien <input type="checkbox"/> Any Litigation <input type="checkbox"/> Foreclosure <input type="checkbox"/> Business Failure <input type="checkbox"/> NA		
Is the building owner to be named as an additional insured as interest may appear? If yes, provide building owner name and address.		
Lodging operations? If yes, describe.		

<b>ESTIMATED AND HISTORICAL SALES AND EXPOSURES</b>			
<b>Receipts (Last 5 years)</b>	<b>Food</b>	<b>Liquor</b>	<b>Other</b>
Year:	\$	\$	\$
Year:	\$	\$	\$
Year:	\$	\$	\$
Year:	\$	\$	\$
Year:	\$	\$	\$
Square Footage:	Restaurant:	Total Building:	

**ATTACH COPY OF MOST RECENT FINANCIAL STATEMENT**

If you want to learn more about the compensation Zurich pays agents and brokers visit: <http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.

**GENERAL INFORMATION**

NIGHTS OF WEEK  
 Monday  Wednesday  Friday  Sunday  Tuesday  Thursday  Saturday

Is any entertainment provided?  
Type of Entertainment:  
 Rock Group  DJ  Band (Any kind)  
 Other (Describe):  
Pyrotechnics ?  Yes  No

Is there a Dance Floor?  
Square feet

Age group of Clientele: 20's      30- 40's      over 50's  
Near college campus?  
Within city limits?  
Seasonal?

Amusement Devices (Pool Tables, Video Games, Gambling, etc.)  
If yes, # and description.

Seating Capacity:

Adequate emergency exits provided, equipped with panic hardware?

Number of employees – full time      part time

Security Activities:  
 Bouncers  Doorman  Off-duty Police Why? \_\_\_\_\_  
 None  
Number per evening  
Are they employees of the Insured ?  Yes  No  
Subcontracted Firm?  Yes  No Name: \_\_\_\_\_  
Is the Insured an additional insured on the firm's insurance policy ?  Yes  No  
Armed?  Yes  No If yes, type of weapon(s) used: \_\_\_\_\_  
Weapons kept on premises?  Yes  No  
Restraints used?  Yes  No Type \_\_\_\_\_  
Weekly review meetings?  
Timing on mandatory training?

<b>KITCHEN AND FOOD PREPARATION</b>	<b>YES</b>	<b>NO</b>
Are regular suppliers used?	<input type="checkbox"/>	<input type="checkbox"/>
Records kept?	<input type="checkbox"/>	<input type="checkbox"/>
Any food service or health board violations?	<input type="checkbox"/>	<input type="checkbox"/>
Any grilling, deep fat frying, open broiling, roasting?	<input type="checkbox"/>	<input type="checkbox"/>
Are allergens posted and indicated on menus?	<input type="checkbox"/>	<input type="checkbox"/>

<b>KITCHEN FIRE PROTECTION</b>	<b>YES</b>	<b>NO</b>
U.L. 300 approved automatic extinguishing system under maintenance contract? If yes, # of months:	<input type="checkbox"/>	<input type="checkbox"/>
Does above system cover all cooking surfaces? If yes, name of system?	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Gas or Electric shutoffs for cooking?	<input type="checkbox"/>	<input type="checkbox"/>
Hood and filters cleaned weekly by staff?	<input type="checkbox"/>	<input type="checkbox"/>
BC and K extinguishers available in kitchen?	<input type="checkbox"/>	<input type="checkbox"/>
Hoods and ducts over all cooking equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Hoods and ducts maintenance contract schedule? # of months?	<input type="checkbox"/>	<input type="checkbox"/>
Adequate clearance between hoods, ducts, cooking equipment and combustible materials?	<input type="checkbox"/>	<input type="checkbox"/>

<b>PARKING AND OFF PREMISES EXPOSURES</b>	
Off Premises Parking? If yes, address:	Square Footage:
Valet Parking? If yes, is garage keeper liability required?	
Are keys monitored ?	
Non-owned automobile? If yes, # of employees.	
Who is responsible for maintenance of parking lot and other exterior premises?	
On premises catering/banquet? If yes: % of total receipts: Describe catering operation:	
Off premises catering/banquet? If yes: % of total receipts: Describe catering operation:	
Does risk host any special events off premises?	
Any retail delivery?	
Lodging operations? If yes, describe.	
Any other on or off premises exposures not listed above? If yes, describe.	

<b>LIQUOR LIABILITY</b>	<b>YES</b>	<b>NO</b>
Does applicant serve alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, then complete the Liquor Liability Questionnaire and attach,		

**APPLICATION WARRANTY**

This application shall not be binding unless and until a policy shall be issued and then only as of the effective date of said policy and in accordance with all terms thereof and the said Applicant hereby covenants and agrees that the foregoing statements and answers are just, full and true exposition of all the facts and circumstances with regard to the risk to the insured, insofar as same are known to the Applicant, and the same are hereby made the basis and a condition of the insurance, and warranty on the part of the insured.

It is mutually understood and agreed between the Company and the Applicant that any inspection of 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 to be relied upon by the Applicant in any respect.

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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