



Date: _____

Premier Businessowners Policy – ACORD Supplemental – Part II– Food Service Risks

Complete this Part once for all Premises / Building number -
Complete Part I for the Account

APPLICANT (First Named Insured): _____

Quotation or Policy Number, if known: _____

Agency: _____ Agent Code: _____

APPLICANT INFORMATION

- Applicant's Web Site Address: _____
- Number of years of management/ownership experience of the restaurant owner _____
- Are there any premises owned or occupied by the applicant *NOT* described on the application? Yes No
If 'Yes', describe _____
- Any claims relating to allegations of sexual abuse, molestation, discrimination or negligent hiring? Yes No
If 'Yes', describe _____
- Has the applicant ever been involved in bankruptcy proceedings? Yes No
If 'Yes', describe _____
- Are bank accounts reconciled by someone other than the person authorized to deposit or withdraw? Yes No
- Is countersignature of checks required? If 'Yes', at what dollar level? \$ _____ Yes No
- Are the applicant's accounts audited by a CPA or public accountant? If 'Yes', frequency? _____ Yes No
- Are checks stamped immediately 'for deposit only'? Yes No
- Are references checked prior to employment? Yes No

PROPERTY

- Blanket limit for building coverage? Yes No
- Blanket limit for business personal property coverage? Yes No
- Is any premises heated utilizing space heaters or a wood burning stove? If 'Yes', attach photo Yes No
- Are any open cooking surfaces *NOT* protected by an UL Approved Automatic Extinguishing System? Yes No
If 'Yes', describe _____
- Are any kitchen hoods and ducts *NOT* under an active maintenance contract for their regular cleaning? Yes No
If 'Yes', describe _____
- Is any premises used on a seasonal basis? Yes No
If 'Yes', describe _____
- Is any of the applicant's operation located over water on a boat, pier, wharf or dock? Yes No
If 'Yes', describe _____
- Are valuable papers & records kept in a fire proof cabinet, with duplicates off-premises? Yes No

LIABILITY

- Are any employees or hired security services armed? Yes No
- Are written food handling and general hygiene procedures in place at each premises? Yes No
- Are there written inspection logs for bathrooms and areas of public access at each premises? Yes No
- Is pest control service provided by an outside firm under contract? Yes No
- Are all premises compliant with the access requirements of the Americans with Disabilities Act (ADA)? Yes No

POLICY COVERAGE OPTIONS

- Food Service PLUS coverages? (PB2002 – In CA, PB2904) Yes No
- Extended Business Income coverage desired? If 'Yes', 90 or 120 days? _____ (PB5431) Yes No
- Hired Auto coverage desired? Option not available if applicant has owned autos. (PB0404) Yes No
- Nonowned Auto coverage desired? Option not available if applicant has owned autos. (PB0404) Yes No
> If 'Yes', Provide the total number of employees? _____
- Is food delivered using employee autos? Yes No
If 'Yes', such activity will be excluded (PB6200) – Ask your agent to obtain coverage for this from another market.
- Liquor Liability coverage desired? If 'Yes', state receipts on reverse side (PB6303) Yes No
- Liquor Liability needed for special activities or events only? Number of events? _____ (PB0419) Yes No
- Stop Gap coverage needed? State _____ Payroll \$ _____ Per accident limit \$ _____ (PB6305) Yes No

PREMISES INFORMATION (Complete this section for each Food Service Premises)

PREMISES # _____ **BUILDING #** _____

ADDRESS _____

- Has the agent personally inspected this premises?..... Yes No
- Cuisine or types of food prepared? _____
- Style of restaurant: Family oriented Fine dining Fast food Buffet Other _____
- What are the hours of operation? _____ AM / PM to _____ AM / PM (circle appropriate)
- Seating capacity? Dining _____ Lounge _____
- Number of exits: _____ Are all exits clearly marked, properly illuminated, and free of congestion?..... Yes No
- Responding fire district _____ Miles from fire department _____ Feet from hydrant _____ (Required in WA)
- Was the building originally built for restaurant occupancy? Yes No
If 'No', describe _____
- Are there any habitational occupancies located in the same building?..... Yes No
If 'Yes', describe (include no. of living units) _____
- Estimate the total annual gross receipts, including alcohol and gaming revenue, at this premises: \$ _____
- If alcohol is sold, what are the annual gross receipts from: Beer & wine \$ _____ Other alcohol \$ _____
- If gaming operations: What are the annual gross receipts \$ _____
Is there a separate or designated area on the premises where gaming occurs? Yes No
Is alcohol provided at no charge to gaming patrons?..... Yes No
- Year this premises was first occupied by the applicant? _____
- Is the owner on-site & actively managing the operation at this premises during the peak or prime hours? Yes No
- Number of years of management experience of the restaurant manager _____
- Are there any exterior or interior stairs or steps at this premises, other than sidewalk curbs? Yes No
If 'Yes' and these are interior steps, provide the number of elevations or levels inside the building. _____
- Is the applicant located in an enclosed mall? Yes No
- Does the insured own or control the parking area at this premises? Yes No
- If valet parking is offered at this premises, is the valet parking area away from this premises? (PB6304) Yes No
- Is cooking limited to warming ovens, steamers or toasters?..... Yes No
- Does the applicant have any deep fat fryers?..... Yes No
If 'Yes', do they all have thermostat control & separate high temperature control with fuel/power shutoff? Yes No
- Does the risk allow smoking on premises? Yes No
- Any Health Department violations at this premises? Yes No
If 'Yes', describe _____
- Is there any table-side cooking or food preparation? Yes No
If 'Yes', describe _____
- Does the applicant rent or lease space to others for special events?..... Yes No
If 'Yes', describe _____
- Are there pool tables, darts, or similar games? Yes No
If 'Yes', describe _____
- Is there any kind of a dance floor?..... Yes No
- Is there any live entertainment provided? Yes No
If 'Yes', describe _____
- Are there any broadcast / cable TV monitors?..... Yes No
If 'Yes', describe how many and where they are located _____
- Any off-premises activities or operations? Yes No
If 'Yes', describe _____
- Do off-premises catering receipts exceed 10% of gross annual sales? Yes No

PER PREMISES COVERAGE OPTIONS

- Exclude 'Theft' cause of loss? Yes No
- Spoilage from Power Outage Coverage needed for perishables under refrigeration? (PB0415)..... Yes No
If 'Yes', average values \$ _____ Maximum Values \$ _____ Desired Limit \$ _____
- Garagekeepers Coverage? If 'Yes': Total Limit \$ _____ Deductible \$ _____ (PB3002)..... Yes No
Average vehicle value \$ _____ Maximum no. of customers autos stored _____