

**RESTAURANT SUPPLEMENT TO ACORD APPLICATION
COMPLETE ONE FOR EACH RESTAURANT LOCATION**

Named Insured:		Phone:
Operating Corporation:		
Mailing Address:		ZIP:
Website Address:		
Location of Risk: (if more than one, please attach schedule)		ZIP:
Liquor License Owner:		Liquor License #:
Liquor License Citations:		
Department of Health Grade (NYC Only): A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> GRADE PENDING <input type="checkbox"/>		

CORPORATE OFFICERS

Name:	Title:	Age:	Yrs Experience:
Name:	Title:	Age:	Yrs Experience:
# of Years at this location:		# of Years as Owner:	
If less than 3 years at location:			
Previously owned name:		Previously owned location:	
What other restaurants does the applicant(s) own/operate?			
Accountant's Name:		Phone:	
Accountant's Address:			

PROPERTY

Building:	Owned: Y <input type="checkbox"/> N <input type="checkbox"/>	Leased: Y <input type="checkbox"/> N <input type="checkbox"/>	Age:
Construction Class: Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/>			
Masonry Non-Combustible <input type="checkbox"/> Modified Fire Resistive <input type="checkbox"/> Fire Resistive <input type="checkbox"/>			
Fully Sprinklered: Y <input type="checkbox"/> N <input type="checkbox"/>		Date Last Serviced:	
Serviced by: Name:		Phone:	
Address:			
Renovations: Y <input type="checkbox"/> N: <input type="checkbox"/>		Date of Renovations:	
Extent of Renovations:			
Date of Electrical & Plumbing Updates:			
Fire & Smoke Detection (Explain):			
Distance to nearest body of water:			Seasonal: Y <input type="checkbox"/> N <input type="checkbox"/>
Restaurant Hours:	Sunday:	From:	To:
	Monday:	From:	To:
	Tuesday:	From:	To:
	Wednesday:	From:	To:
	Thursday:	From:	To:
Dining Room Seating Capacity:	Friday:	From:	To:
Bar Seating Capacity:	Saturday:	From:	To:
Secondary Power Source: Y <input type="checkbox"/> N <input type="checkbox"/>		Type: Gas Y <input type="checkbox"/> N <input type="checkbox"/>	Liquid Petroleum: Y <input type="checkbox"/> N <input type="checkbox"/>
If other, Please describe:		# of Tanks:	
		Size of Tanks:	

Below Grade Basement: Please describe any inventory, storage, or operations below grade/basement:	
Please list covered property and approximate value:	
Fireplace on Premises: Y <input type="checkbox"/> N <input type="checkbox"/> Type:	# of fireplaces:
Knox Box Present: Y <input type="checkbox"/> N <input type="checkbox"/> Does the premises have truss roof construction? Y <input type="checkbox"/> N <input type="checkbox"/>	
Distance to nearest hydrant:	
Location of Utility & Power Lines: Above Ground <input type="checkbox"/> Below Ground <input type="checkbox"/>	
Corporate Vehicles: Y <input type="checkbox"/> N <input type="checkbox"/>	# of Vehicles: (attach schedule of vehicles)
Insurance carrier for auto:	
Limits (CSM Umbrella will not provide excess owned auto coverage):	
Valet Parking: Y <input type="checkbox"/> N <input type="checkbox"/>	Is it outsourced: Y <input type="checkbox"/> N <input type="checkbox"/>
Certificate of Insurance attached if outsourced: Y <input type="checkbox"/> N <input type="checkbox"/>	
Food Delivery: Y <input type="checkbox"/> N <input type="checkbox"/> Type: Auto <input type="checkbox"/> Bike <input type="checkbox"/> Foot <input type="checkbox"/>	Radius in miles or blocks:
Entertainment: Y <input type="checkbox"/> N <input type="checkbox"/> Type:	# of nights a week:
Bouncer/Security: Y <input type="checkbox"/> N <input type="checkbox"/> Describe Duties:	
Amusement Devices: Y <input type="checkbox"/> N <input type="checkbox"/> Types:	
Accept most major credit cards: Y <input type="checkbox"/> N <input type="checkbox"/>	Computerized Receipts: Y <input type="checkbox"/> N <input type="checkbox"/>

CRIME AND INLAND MARINE

Is the owner or manager on premises during operating hours at least 75% of the open hours: Y <input type="checkbox"/> N <input type="checkbox"/>	
Is there a written employee manual distributed to all employees: Y <input type="checkbox"/> N <input type="checkbox"/>	
Premises Alarms:	
Type:	Local:
Central Station:	Who is monitoring company:
Are monies deposited nightly: Y <input type="checkbox"/> N <input type="checkbox"/>	Armed car services used: Y <input type="checkbox"/> N <input type="checkbox"/>
Safe:	
Name:	Type:
Video Surveillance: Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, how long does insured keep tapes:
Fine Arts on premises: Y <input type="checkbox"/> N <input type="checkbox"/> If yes, please indicate total amount:	
Are employees handling cash: Y <input type="checkbox"/> N <input type="checkbox"/>	
Checkroom theft:	
Owner Operated: Y <input type="checkbox"/> N <input type="checkbox"/>	Sub-Contracted: Y <input type="checkbox"/> N <input type="checkbox"/>
Attendant on duty at all times Y <input type="checkbox"/> N <input type="checkbox"/>	Receipt Given Y <input type="checkbox"/> N <input type="checkbox"/>
Furs/Leather garments accepted Y <input type="checkbox"/> N <input type="checkbox"/>	

LIABILITY

Square Footage: Building:	Parking Lot:
Sales: Food: \$	Liquor \$ Total: \$
Outdoor seating: Y <input type="checkbox"/> N <input type="checkbox"/> If yes, how many tables:	Happy Hours: Y <input type="checkbox"/> N <input type="checkbox"/>
Catering Sales: Y <input type="checkbox"/> N <input type="checkbox"/> On Premises: \$	Off Premises: \$
Type of catering function if any:	
Does the restaurant have a bar: Y <input type="checkbox"/> N <input type="checkbox"/>	# of Seats at Bar:
Is restaurant on more than one level: Y <input type="checkbox"/> N <input type="checkbox"/>	Restrooms on the same level: Y <input type="checkbox"/> N <input type="checkbox"/>
Dance Floor: Y <input type="checkbox"/> N <input type="checkbox"/> Diameter of dance floor:	Is dance floor portable: Y <input type="checkbox"/> N <input type="checkbox"/>

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TIPS Training: Y <input type="checkbox"/> N <input type="checkbox"/>	Safe Serv Certified: Y <input type="checkbox"/> N <input type="checkbox"/>	# of Bartenders: Are they subcontracted: Y <input type="checkbox"/> N <input type="checkbox"/>	
Bar Hours	Sunday:	From:	To:
	Monday:	From:	To:
	Tuesday:	From:	To:
	Wednesday:	From:	To:
	Thursday:	From:	To:
	Friday:	From:	To:
	Saturday:	From:	To:
Bring your own bottle allowed (BYOB): Y <input type="checkbox"/> N <input type="checkbox"/>		Alcohol incidents documented: Y <input type="checkbox"/> N <input type="checkbox"/>	
Snow & Ice removal procedures in place: Y <input type="checkbox"/> N <input type="checkbox"/>			
Are certificate of insurance obtained: Y <input type="checkbox"/> N <input type="checkbox"/>			
Connecticut only: If risk donates food to shelters, is there a quality food operator and are his/her certificates current: Y <input type="checkbox"/> N <input type="checkbox"/>			

COOKING HAZARDS

Automatic Extinguishing system over cooking area(s): Y <input type="checkbox"/> N <input type="checkbox"/>					
Type:		Tank Size:			
Servicing Contractor:		Name:			
Phone:	Date last serviced:	Certificate posted on hood: Y <input type="checkbox"/> N <input type="checkbox"/>			
Service contract for automatic extinguishing system: Y <input type="checkbox"/> N <input type="checkbox"/>					
Quarterly Cleaning contract for hood and exhaust system: Y <input type="checkbox"/> N <input type="checkbox"/>					
Servicing contractor:		Name:			
Phone:	Date last serviced:				
Manual pull for automatic extinguishing system: Y <input type="checkbox"/> N <input type="checkbox"/>					
Hoods & filters cleaned at least weekly: Y <input type="checkbox"/> N <input type="checkbox"/>					
Kitchen ducts cleaned quarterly: Y <input type="checkbox"/> N <input type="checkbox"/>					
Hand extinguishers accessible to cooking area(s): Y <input type="checkbox"/> N <input type="checkbox"/>					
# of extinguishers:		Type:			
Self closing metal bin for storage of used linen: Y <input type="checkbox"/> N <input type="checkbox"/>					
Does gas safety valve exist: Y <input type="checkbox"/> N <input type="checkbox"/>					
Is safety valve marked: Y <input type="checkbox"/> N <input type="checkbox"/>		Is safety valve known by employees: Y <input type="checkbox"/> N <input type="checkbox"/>			
Is there a written close down/open up procedure in place: Y <input type="checkbox"/> N <input type="checkbox"/>					
Are written food safety procedures in place: Y <input type="checkbox"/> N <input type="checkbox"/>					
Equipment	Electric	Gas	Underhood	Fuel Shut-Off	Surface Protection
Grill	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Deep Fry	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Broiler	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Range w/Oven	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Oven	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Steam Table	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Prepared by/Title:

Date:

Producer:

Date: