

RESTAURANT SUPPLEMENTAL APPLICATION

Named Insured: _____

Website: _____

GENERAL INFORMATION

Hours of Operation: _____ Type of Establishment: _____

Alcohol Served Y/N _____ % Sales Food _____ % Sales Alcohol _____

Total Number of Employees: # Full-Time _____ #Part-Time _____ # Over Age 60 _____

Any Live Entertainment? Y/N _____ If so, do they have live entertainment sign a Work Comp waiver form? Y/N _____

Does the insured use non-slip mats in the kitchen or behind the bar? Y/N _____

Are non slip shoes required for kitchen staff? Y/N _____ For wait staff? Y/N _____

Does insured utilize a Return-to-Work Program? Y/N _____

Name of Return-to-Work Coordinator: _____

OPERATIONS

Does the insured provide catering? Y/N _____

If yes to catering, explain: _____

If so, how many drivers are employed? _____ Radius Driven: _____ Are MVR's run on all drivers? _____

Any delivery exposure? _____ Any deliveries at night? _____

Indicate cooking equipment used: Grills _____ Oven _____ Deep fat fryers _____

Open Flame _____ Charcoal Grill _____ Barbeque/Pit Smoker _____

Is all commercial equipment installed with an automatic extinguishing system and up to code? Y/N _____

Describe the process by which oil is removed from the fryer(s) and taken to the grease trap:

Is oil cooled prior to removal/disposal? _____

What precautions have been taken to reduce burns? _____

Are chainmail gloves used? _____

Are trash compactors used? _____ Are they guarded? _____

Thank you for providing this important information

Signature of Person Completing This Application

Title

Date Signed