



RESTAURANT SUPPLEMENT TO ACORD APPLICATIONS
(COMPLETE ONE FOR EACH RESTAURANT LOCATION)

Account Information

Named Insured(s): _____ Interest in Operations: _____

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Email Address for Inspection: _____

Liquor License #: _____

Liquor License Citations: _____

Department of Health Grade (NYC Only): A ☐ B ☐ C ☐ GRADE PENDING ☐

Corporate Officers/Limited Liability Company Members

Name: _____ Title: _____ Age: _____ Years Experience: _____

Name: _____ Title: _____ Age: _____ Years Experience: _____

If less than 3 years at location, previously owned name: _____

Previously owned location: _____

What other restaurants/operations does the applicant(s) own/operate? _____

Has the restaurant agreed to waive subrogation against the landlord and others in its lease? ☐ Yes ☐ No

Documents

For every application please send the following documents:

- ☐ Deeds/Ground Leases/Lease or relevant Governing Documents for the restaurant;
- ☐ Contractor/vendor contracts and insurance requirements;
- ☐ Copy of the current permit for the outdoor seating area, if applicable.

Property

Fully Sprinklered: ☐ Yes ☐ No Date Last Serviced: _____



Ansul System: ☐ Yes ☐ No Date Last Serviced: _____

Are there step(s) or stairs that restaurant patrons use (including single steps)? ☐ Yes ☐ No

Describe the step including number of handrails, risers, grip treads, and material the step consists of:
_____;

Who is responsible for maintaining the step(s)? _____;

How often are the step(s) inspected? _____;

When were the step(s) last repaired or modified? _____;

Are there step(s) or stairs used for deliveries or other service areas (including single steps): ☐ Yes ☐ No

Describe the step including number of handrails, risers, grip treads, and material the step consists of:
_____;

Who is responsible for maintaining the step(s)? _____;

How often are the step(s) inspected? _____;

When were the step(s) last repaired or modified? _____;

Seasonal Restaurant: ☐ Yes ☐ No

Dining Room Seating Capacity: _____ Bar Seating Capacity: _____

Secondary Power Source: ☐ Yes ☐ No Type: Gas ☐ Yes ☐ No Liquid Petroleum ☐ Yes ☐ No

If other, please describe: _____

Below Grade Basement - Please describe any inventory, storage, or operations below grade/basement:

Knox Box Present: ☐ Yes ☐ No

Location of Utility & Power Lines: ☐ Above Ground ☐ Below Ground

Are there outside dining kiosks? ☐ Yes ☐ No Are they permitted structures? ☐ Yes ☐ No

When were systems last serviced? Gas: _____ Boiler: _____ Freezers: _____

Approximate value of wine in storage: _____

Cooking Hazards

Automatic fire extinguishing system over cooking area(s): ☐ Yes ☐ No

Is the fire suppression system UL 300 compliant? ☐ Yes ☐ No

If no, what standard does the fire suppression system meet? _____



Service contract for automatic extinguishing system: ☐ Yes ☐ No

Quarterly Cleaning contract for fire suppression system as well as hood and exhaust system: ☐ Yes ☐ No

Manual pull for automatic extinguishing system: ☐ Yes ☐ No

Hoods & filters cleaned at least weekly: ☐ Yes ☐ No

Kitchen ducts cleaned quarterly: ☐ Yes ☐ No

Hand extinguishers accessible to cooking area(s): ☐ Yes ☐ No

of extinguishers: _____ Type: _____

Self-closing metal bin for storage of used linen: ☐ Yes ☐ No

Does gas safety valve exist? ☐ Yes ☐ No

Is safety valve marked? ☐ Yes ☐ No Is safety valve known by employees? ☐ Yes ☐ No

Is there a written close down/open up procedure in place? ☐ Yes ☐ No

Are written food safety procedures in place? ☐ Yes ☐ No

Coal/Wood burning appliances? ☐ Yes ☐ No

Crime & Inland Marine

Is the owner or manager on premises during operating hours at least 75% of the open hours? ☐ Yes ☐ No

Is there a written employee manual distributed to all employees? ☐ Yes ☐ No

Video Surveillance? ☐ Yes ☐ No If yes, how long does insured keep recordings? _____

Fine Arts on premises: ☐ Yes ☐ No If yes, please indicate total values: _____

Is there a safe on premises for cash? ☐ Yes ☐ No Amount of cash maintained? _____

Liability

Outdoor seating: ☐ Yes ☐ No If yes, how many tables: _____ Happy Hours: ☐ Yes ☐ No

of private dining facilities: _____ % of private dining events held annually: _____ Any off premise? ☐ Yes ☐ No

Is there a specific contract executed for these private events? ☐ Yes ☐ No

Is there a written policy for "pre-paid" alcohol packages if offered? ☐ Yes ☐ No



Is restaurant on more than one level? ☐ Yes ☐ No Restrooms on the same level? ☐ Yes ☐ No

Dance Floor: ☐ Yes ☐ No TIPS Training: ☐ Yes ☐ No Documentation on File? ☐ Yes ☐ No

Safe Serv Certified: ☐ Yes ☐ No Documentation on File? ☐ Yes ☐ No

Bring your own bottle allowed (BYOB): ☐ Yes ☐ No Alcohol incidents documented: ☐ Yes ☐ No

Snow & Ice removal procedures in place: ☐ Yes ☐ No Are certificates of Insurance obtained? ☐ Yes ☐ No

Corporate Vehicles: ☐ Yes ☐ No (Note: BLG will not provide Umbrella over owned auto coverage)

Valet Parking: ☐ Yes ☐ No Is it outsourced? ☐ Yes ☐ No

Do you provide delivery service? ☐ Yes ☐ No Food? ☐ Alcohol? ☐ By employees? ☐ Third party? ☐

Entertainment: ☐ Yes ☐ No Type: _____ # of nights a week: _____

Security/Bouncer: ☐ Yes ☐ No If Yes, describe duties: _____

Has building been updated to comply with all City, State and Federal Requirements for Equal Access? (ADA Requirements): ☐ Yes ☐ No

Has website been updated to comply with all City, State, and Federal requirements for Equal Access? (ADA Requirements): ☐ Yes ☐ No

CT only: If risk donates food to shelters, is there a quality food operator ? ☐ Yes ☐ No

Are his/her certificates current? ☐ Yes ☐ No

Additional Information

- ☐ Yes ☐ No - Does the restaurant lease or own the premises where it is located?
- ☐ Yes ☐ No - Is the restaurant responsible for sidewalk cleaning?
- ☐ Yes ☐ No - Is the restaurant responsible for repair and maintenance of the sidewalk?
If No, who is responsible? _____
If yes, last time sidewalk was repaired, modified, replaced and professionally inspected for cracks, holes and elevation changes? _____
- ☐ Yes ☐ No - Is the restaurant responsible for repair and maintenance of any portion of the building structure (*i.e.* stairs, ramps, facade, signs, etc.)?
If No, who is responsible? _____
If yes, last time when was the last time these were repaired, modified, replaced and professionally inspected? _____
- ☐ Yes ☐ No - Is the restaurant required to name any parties as an additional insured on the policy (*i.e.* per a lease agreement, governing documents, or other contract)?



☐ Yes ☐ No - Does the restaurant hire a security contractor?

If yes, are the following risk transfer procedures in place with the security contractor?

☐ Yes ☐ No - Obtaining written contracts from all security contractors that enter the premises with requirements that the restaurant is named as an additional insured on each contractor's policy and where the contractor agrees to defend and indemnify the restaurant with the language "to the fullest extent permitted by law" and including for the intentional acts of the security contractor's guards, employees, and staff.

☐ Yes ☐ No - Does the restaurant obtain copies of the security contractor's insurance policies and ensure they lack exclusions for dram shop claims, assault claims, and names the insured as an additional insured.

Does the restaurant hire contractors to perform renovations, upkeep, cleaning, or other services? ☐ Yes ☐ No

If yes, are the following risk transfer procedures in place before any work is permitted to begin at the restaurant on any project, regardless of size?

☐ Yes ☐ No - Obtaining written contracts from all contractors that enter the premises with requirements that the restaurant is named as an additional insured on each Contractor's policy and where the Contractor agrees to defend and indemnify the restaurant with the language "to the fullest extent permitted by law" before any work begins.

☐ Yes ☐ No - Obtaining complete insurance policies for all contractors, performing work for or at the restaurant including declaration sheets, endorsements, and all exclusions before any work begins.

☐ Yes ☐ No - Is the restaurant named as an Additional Insured?

Does the restaurant utilize a standardized work contract that, includes a hold harmless and indemnification provision providing for a complete defense and indemnification of the restaurant with the critical phrase "to the fullest extent permitted by law"? ☐ Yes ☐ No (Please attach)

Prepared by/Title: _____

Date: _____

Producer: _____

Date: _____

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied). "The Applicant represents and warrants to the Company that the product being sought by the applicant under the application for insurance is not being obtained primarily for personal, family or household purposes."

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