

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

Account Information

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

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

Email Address for Inspection: _____

Liquor License #: _____

Liquor License Citations: _____

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

Corporate Officers

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 N/A

Property

Fully Sprinklered: Yes No Date Last Serviced: _____

Ansul System: Yes No Date Last Serviced: _____

Total Building Square Footage: _____ Restaurant Square Footage: _____

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

Certificate of Insurance attached if outsourced: Yes No

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

Approximate value of wine in storage: _____

Cooking Hazards

Automatic Extinguishing system over cooking area(s): Yes No

Service contract for automatic extinguishing system: Yes No

Quarterly Cleaning contract for 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: _____

of private dining facilities: _____ % of private dining events held annually: _____ Are 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 Safe Serv Certified: Yes No

TIPS Training: Yes No If Yes, describe how often employees are trained: _____

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

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

Is the restaurant responsible for sidewalk cleaning? Yes No

Is the restaurant responsible for structural sidewalk maintenance? Yes No

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

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 and are his/her certificates current? Yes No

Are certificates of Insurance obtained for all 3rd party vendors? Yes No

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 FRAUDULY 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."
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