
RESTAURANT-TAVERN APPLICATION

TO OBTAIN A QUOTATION OR COVERAGE ALL QUESTIONS MUST BE ANSWERED

1. NAME OF APPLICANT: _____ SSN: _____

DBA: _____

2. INSPECTION CONTACT: _____ PHONE: _____

3. LOCATION OF RISK: _____
STREET ADDRESS

_____ CITY STATE ZIP CODE COUNTY

4. BUILDING OWNER: _____
FULL NAME STREET ADDRESS

_____ CITY STATE ZIP CODE COUNTY

5. **EXPIRING CARRIER:** _____ **EXP DATE:** _____ **PREMIUM:** _____

6. CLASSIFICATION OF RISK (PLEASE CIRCLE):

DINING RESTAURANT FAST FOOD RESTAURANT BAR & GRILL TAVERN BANQUET HALL

OTHER: _____

7. NUMBER OF YEARS AT LOCATION: _____

IF LESS THAN 3 YRS AT THIS LOCATION, LIST PREVIOUS EXPERIENCE: _____

8. NUMBER OF YEARS IN RESTAURANT MANAGEMENT: _____

9. DOES OWNER OPERATE & MANAGE THIS RESTAURANT? YES NO

10. IS APPLICANT OPEN NOW? YES NO IF "NO", EXPLAIN: _____

11. IS APPLICANT, OWNER OR CORPORATION NOW OR EVER INVOLVED IN: NONE

BANKRUPTCIES FORECLOSURES TAX LIENS BUSINESS FAILURES ANY LITIGATIONS

IF YES, PLEASE EXPLAIN: _____

12. **BUILDING SECTION:** _____ PROTECTION CLASS: _____

YEAR OF BUILDING: _____ CONSTRUCTION: _____ NO. OF STORIES: _____

YEAR OF: WIRING: _____ PLUMBING: _____ HEATING: _____ ROOFING: _____

EMERGENCY LIGHTING? YES NO

CIRCUIT BREAKERS? YES NO

SMOKE DETECTORS? YES NO IF YES ⇨ ELECTRIC BATTERY POWERED

FIRE ALARM? YES NO IF YES ⇨ TYPE: _____

BURGLAR ALARM? YES NO IF YES ⇨ TYPE: _____

SPRINKLER SYSTEM? YES NO IF YES ⇨ AGE: _____ TYPE: _____

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12. **BUILDING SECTION (CONT'D):**

KITCHEN FIRE PROTECTION (BELOW WARRANTED BY POLICY):	YES	NO
U.L. APPROVED AUTOMATIC EXTINGUISHING SYSTEM UNDER SEMIANNUAL CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>
WET CHEMICAL OR DRY CHEMICAL? <input type="checkbox"/> WET <input type="checkbox"/> DRY		
ABOVE SYSTEM COVERING ALL COOKING SURFACES (NAME: _____)	<input type="checkbox"/>	<input type="checkbox"/>
AUTOMATIC GAS OR ELECTRIC SHUT OFFS FOR COOKING	<input type="checkbox"/>	<input type="checkbox"/>
HOOD AND FILTERS CLEANED WEEKLY BY STAFF	<input type="checkbox"/>	<input type="checkbox"/>
BC EXTINGUISHER AVAILABLE IN KITCHEN	<input type="checkbox"/>	<input type="checkbox"/>
HOODS AND DUCTS OVER ALL COOKING EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>
HOODS AND DUCTS MAINTENANCE CONTRACT SCHEDULE # MONTH: _____		

13. **SUPPLEMENTAL INFORMATION:**

ANY POLICY AND/OR COVERAGE DECLINED OR CANCELLED IN THE PAST 3 YRS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WITHIN THE LAST TWELVE (12) MONTHS, HAVE YOU BEEN CITED WITH ANY FIRE AND/OR BUILDING CODE VIOLATIONS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
COPPER WIRING AND CIRCUIT BREAKERS THROUGHOUT BUILDING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
COPPER PLUMBING THROUGHOUT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ANY WOOD SHAKE ROOFING OR MANSARD?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ANY MARINAS, MARINA OPERATIONS OR BOAT SLIPS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ANY PRIOR CONSTRUCTION DEFECTS OR MOLD EVIDENCE UNCOVERED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ANY ON-SITE STORAGE OF CHEMICALS OR HAZARDOUS MATERIALS BY A TENANT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HVAC SYSTEM UNDER MAINTENANCE CONTRACT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU HAVE A SERVICE CONTRACT FOR FIRE PROTECTION EQUIPMENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU REQUIRE YOUR TENANTS TO PROVIDE INSURANCE FOR THEIR RENTAL UNITS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU REQUIRE YOUR COMMERCIAL TENANTS TO PROVIDE INS. FOR THEIR UNITS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU RUN BACKGROUND CHECKS ON TENANTS PRIOR TO RENTING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

14. **ENTERTAINMENT SECTION:**

ENTERTAINMENT? YES NO If YES ⇨ ENTIRE ENTERTAINMENT SECTION MUST BE COMPLETED

NIGHTS OF WEEK? FRIDAY SATURDAY OTHER: _____ AGE OF CLIENTEL: _____

TYPE OF ENTERTAINMENT: ROCK GROUP D.J. BAND (ANY KIND)

OTHER (PLEASE DESCRIBE): _____

DOES A DANCE FLOOR EXIST? YES NO If YES, SQUARE FOOT AREA: _____

AMUSEMENT DEVICES (POOL TABLES, VIDEO GAMES, ETC.) YES NO If YES ⇨ # _____

DESCRIPTION: _____

15. GENERAL INFORMATION

DOES THIS RESTAURANT HAVE A WAIT STAFF? [] Yes [] No
SERVE RAW SHELLFISH? [] Yes [] No DELIVERY SERVICE? [] Yes [] No
TABLESIDE COOKING? [] Yes [] No PLAYGROUNDS OR PLAYROOMS? [] Yes [] No
OPEN PIT BARBEQUES? [] Yes [] No FIREARMS ON PREMISES? [] Yes [] No
SEASONAL? [] Yes [] No IF SO, HOW MANY MONTHS CLOSED? _____
NEIGHBORHOOD CRIME & V&MM EXPOSURE: [] HIGH [] MODERATE [] LOW
HOURS OF OPERATION: MON: _____ TUES: _____ WED: _____
THURS: _____ FRI: _____ SAT: _____ SUN: _____

16. PROPERTY SECTION:

DOES APPLICANT OWN BUILDING? [] Yes [] No REQUIRED BY LEASE TO INSURE BLDG? [] Yes [] No
BUILDING LIMIT: \$ _____ CO-INS % _____ [] ACV [] RC DED. \$ _____
CONTENTS LIMIT: \$ _____ CO-INS % _____ [] ACV [] RC DED. \$ _____
BUSINESS INCOME LIMIT: \$ _____ CONTRIBUTION / CO-INS % _____
BUSINESS INCOME WITH EXTRA EXPENSE [] Yes [] No IF NOT ANSWERED, WILL BE RATED WITHOUT
OUTSIDE SIGN: [] Yes [] No TYPE: _____ LIMIT: \$ _____ DED. \$ _____
GLASS BREAKAGE: [] Yes [] No -----> LIMIT: \$ _____ DED. \$ _____
FOOD SPOILAGE: [] Yes [] No -----> LIMIT: \$ _____ DED. \$ _____
CRIME COVERAGE: [] Yes [] NO
ROBBERY & SAFE BURGLARY (IN/OUT) LIMIT: \$ _____ DED. \$ _____
EMPLOYEE DISHONESTY: # OF EE'S _____ LIMIT: \$ _____ DED. \$ _____
ELECTRONIC DATA PROCESSING MEDIA/HARDWARE: LIMIT: \$ _____ DED. \$ _____
ADDITIONAL PROPERTY COVERAGES/LIMITS: _____

17. GENERAL LIABILITY SECTION:

LIABILITY OCCURRENCE LIMIT: [] \$ 300,000 [] \$ 500,000 [] \$ 1,000,000
AGGREGATE LIMIT: [] SAME AS OCCURRENCE [] DOUBLE OCCURRENCE
ESTIMATED ANNUAL RECEIPTS: TOTAL RECEIPTS: \$ _____
FOOD: \$ _____ BAR: \$ _____ OTHER: \$ _____
SQUARE FOOTAGE: TOTAL BUILDING: _____
RESTAURANT: _____ PUBLIC AREA: _____ SEATING CAPACITY: _____
(OCCUPANCY PERMIT)
APARTMENTS: _____ NUMBER OF UNITS: _____
OFF PREMISE PARKING: [] Yes [] No IF YES ⇨ LIST ADDRESS AND SQUARE FOOTAGE: _____
ON OR OFF PREMISE CATERING / BANQUET: [] Yes [] No IF YES ⇨ % OF TOTAL RECEIPTS: _____
HIRED & NON-OWNED AUTO: [] Yes [] No

18. SECURITY

ARE ANY BOUNCERS, DOOR PERSONNEL OR SECURITY USED? IF YES, DESCRIBE TYPE & PURPOSE:

ARE ANY NON-EMPLOYEE SECURITY SERVICES HIRED OR CONTRACTED? IF YES, DESCRIBE TYPE & PURPOSE:

IN THE LAST 12 MONTHS HAVE ANY EMERGENCY SERVICES BEEN CALLED (I.E., POLICE, FIRE) YES NO

IF YES, EXPLAIN: _____

19. ADDITIONAL INTERESTS:

MORTGAGEE AND ADDRESS 1ST _____

CHECK IF NONE 2ND _____

ADDITIONAL INSUREDS 1ST _____

CHECK IF NONE 2ND _____

LOSS PAYEES 1ST _____

CHECK IF NONE 2ND _____

20. CLAIMS SECTION:

LIST ALL CLAIMS FOR THE PAST FIVE (5) YEARS (MUST INCLUDE HARD COPY LOSS RUNS):

PROPERTY CLAIMS: _____

GENERAL LIABILITY CLAIMS: _____

I DELARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE OR SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO FINES AND/OR IMPRISONMENT. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

AS PART OF OUR UNDERWRITING PROCEDURES, A ROUTINE INQUIRY MAY BE MADE TO OBTAIN APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, AND CREDIT HISTORY. UPON YOUR REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

SIGNATURE OF APPLICANT DATE

SIGNATURE OF PRODUCING AGENT AGENCY NAME AND ADDRESS