



United States Liability Insurance Group

FAST FOOD

SUPPLEMENTAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Name of Applicant: _____ Date: _____

- | | Prohibited | Submit | Eligible |
|---|------------------------------|------------------------------|------------------------------|
| 1. Any prior claims? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Any table service? (waiters and waitresses) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Any Drive-in service?(Drive-thru are eligible) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is there seating for more than 75 people? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is there a bar or cocktail lounge? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is there a dance floor, Live Entertainment or Bouncers? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do any of the following apply? If Yes, attach BP-28.
Any alcohol sales, open after 10:00 p.m., open before 5:00 a.m. | | | <input type="checkbox"/> Yes |
| 8. Sales of beer and wine are greater than 25% of total sales? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Any liquor sales other than beer and wine? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Is this risk open 24 hours? If Yes, apply a 50% surcharge. | | | <input type="checkbox"/> Yes |
| 11. Is the Total Floor area more than 7,500 sq ft? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Is the risk closed for more than 30 consecutive days? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Annual sales over 1,000,000? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Is food served off premise? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Is there a children's play area? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 16. Any Firearms on premise? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 17. Is there a wet chemical automatic extinguishing system in compliance with NFPA #96? | | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 18. Is all the electrical wiring on circuit breakers? | | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 19. Is there any aluminum or knob & tube wiring? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 20. In Protection class 7-10, has the business been in operation under the same management for over 3 yrs? | | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 21. Total property values greater than 500,000 in P.C. 1-6 or 200,000 in P.C. 7-10? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. Is there a delivery service now or one implemented at any time in the future?
If Yes, Non owned & Hired auto is NOT available. | | | |

Submit means this account is not eligible for this Businessowners Product. We can review an application for a General Package quote with complete details. If Prohibited, please decline the account.

Explain all submit items _____

Applicants Signature _____ Date _____



United States Liability Insurance Group

Bar and Tavern / Restaurants / Private, Social or Fraternal Club

To receive a quote for GL, please complete the General Information as well General Liability Sections.

For Package quote, complete all sections of the application.

APPLICATION

* Our Liquor Liability Warranty Application (LLA) is required for a Liquor Liability quote. *

General Information

1. If our renewal, provide the expiring policy number: _____

2. Name: _____ D/B/A: _____

3. Sole Proprietorship Partnership Corporation Other _____

4. Mailing Address: _____

5. Location Address: _____

6. Does Applicant have a website? Yes No If Yes, provide: _____

7. Building Interest: Owner Tenant Part occupied _____ %

8. Business of Applicant: Bar/Tavern Restaurant Nightclub Adult Entertainment Club
 Banquet Hall Comedy Club Retail/Take-Out/Package Store Other, Describe _____

9. Mortgagee: _____
Address: _____

10. Additional Insured: _____ Interest: _____
Address: _____

11. Loss Payable: _____ Interest: _____
Address: _____

12. Inspection Contact Name and Number: _____

13. Audit Contact Name & Number: _____

14. How long has current owner been in business at this location? _____ Years of Management experience: _____

15. Age of Building: _____ Number of Stories: _____

16. Any prior felony conviction/arson? Yes No If yes, not eligible.

17. Any prior bankruptcy within the past three years? Yes No If yes, not eligible.

18. Is risk situated on a Wharf, Dock, Pilings or on any vessel? Yes No If yes, not eligible.

19. Prior Carrier: Company _____ Expiring Premium \$ _____

20. Within the past 5 years, has applicant's coverage been cancelled or non-renewed? Yes No
If yes, explain: _____

21. Total Sq Ft _____ Applicant Occupied Sq Ft _____ Apt. Sq Ft _____ # Units _____ LRO Sq Ft _____

22. Hours of Operation: Mon - Thur _____ Fri _____ Sat _____ Sun _____

23. Loss History for Property and General Liability for past three years (if in business that long): Check here if none

Date	Type/Description	Paid	Reserved	Open/Closed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

General Liability

24. Any firearms on premises? Yes No If yes, not eligible.

25. Are maximum occupancy rules followed? Yes No If no, not eligible.

26. Is a secondary means of egress provided for each floor having public access? Yes No If no, not eligible.

27. Are all stairs, balconies, sidewalks, driveways and parking lots in good condition? Yes No If no, not eligible.

28. Are there smoke detectors in all common areas? Yes No If no, not eligible.

29. Is there a swimming pool on premise? Yes No If yes, not eligible.

30. Is smoking the main attraction? Yes No If yes, not eligible.

31. Does applicant have any of the following exposures: Mechanical rides, Moon bounces, Trampolines, Rock Walls, Mosh pits, Pyrotechnics or Foam machines? Yes No If yes, not eligible.

32. Does applicant have or sponsor any "Teen or under 21 nights"? Yes No If yes, not eligible.

33. Does the electrical system have knob & tube wiring? Yes No If yes, not eligible.

34. If there is any other occupancy in the building, is there an automatic extinguishing system over the cooking equipment? Yes No If no, not eligible.

35. Does applicant permit "BYOB" (Bring your own bottle) or set-ups? Yes No

36. Is risk located on or near a college campus? Yes No

37. Does applicant have Table Seating? Yes No

38. Does applicant have Table Service? Yes No

39. Does applicant have Tableside Cooking/Preparation? Yes No
 If yes, describe: _____

40. Any amusement devices? Yes No If yes, # _____
 What type (pool tables, darts, pinball, video, etc)? _____

41. Clientele? (Check all that apply) Under 21 Average age 21-25 Average age 26-35 Average age over 35

42. Entertainment/Dancing

a. Is there entertainment? Yes No If yes, how many times per week? _____
 What type? (Check all that apply) DJ Jukebox/Karaoke Disco Rap Outdoor Concert
 Stage Floor Show Adult Entertainment Solo Vocalist Piano/Guitar Player Comedy Acts
 Band/# members _____ Other/Describe: _____

b. Is there dancing? Yes No

c. If yes, size of dance floor: _____ How many times per week? _____

d. If Country/Western Line Dancing, is sawdust applied to dance floor? Yes No

e. Bouncers/Security/Doorman Yes No

f. Does applicant have any Nationally Known Acts? Yes No If yes, Describe _____

g. Any athletic activities, sponsored teams or special events? Yes No If yes, Describe _____

43. If applicant is the building owner and there are other occupancies (Dwellings, apartments, office, etc):

a. Is commercial cooking area, hood and duct system protected per NFPA 96 (Fire Extinguishing system)? Yes No If No, not eligible.

b. Are all locks re-keyed prior to leasing to new tenants? Yes No If No, not eligible.

c. Is there a fire escape if over three stories? Yes No If No, not eligible.

d. Are there smoke detectors in each unit? Yes No If No, not eligible.

e. Is the electrical system connected to circuit breakers? Yes No

f. Does the electrical system have aluminum wiring? Yes No

44. Does applicant provide any Off-Premises Catering services? Yes No If Yes, answer a through d

a. Are Applicant's operations limited to this state? Yes No If No, List States _____

b. Number of jobs handled annually: _____

c. Maximum number of attendees at jobs: _____

d. Types of jobs handled: Weddings Corporate Functions Private Parties Other, describe _____

45. Total Annual Receipts (Bar/Tavern over \$3 Million and Restaurants over \$5 Million, not eligible):

	Prior 12 Months	Next 12 Months
Food	_____	_____
Alcohol - On Premises Consumption	_____	_____
Alcohol - Take out/Retail	_____	_____
Cover/Door Charges	_____	_____
Off Premises Catering	_____	_____
Other (What source?) _____	_____	_____
Total:	_____	_____

46. Clubs (VFW, Elks, Social, Fraternal):

a. Annual Membership this year _____ Three years ago _____

b. Annual fees for the following: Facility fees _____ Membership fees _____

c. Estimated number of days hall rented per year: _____

Attach a separate list of all on and off premise events. Include dates, location, description, attendance and entertainment.

47. Nonowned - hired auto eligibility questions (If yes to any below, this coverage is not eligible):

a. Is there a delivery or ride home service now or will one be implemented at any time in the future? Yes No

b. Does applicant own or lease on a long term basis any automobile? Yes No

c. Does applicant require its employees to use their personal automobile to conduct the applicant's business on a regular basis? Yes No

d. Number of employees: _____

48. Limits

General Aggregate	\$ _____	Fire Damage (Any one fire)	\$ _____
Products and Completed Operations Aggregate	\$ _____	Medical Expense (Any one person)	\$ _____
Each Occurrence	\$ _____	Personal and Advertising Injury	\$ _____

Property

49. Is the property seasonal? Yes No If yes, months closed _____
50. Electrical system checked by qualified electrician? Yes No If yes, when? _____
51. Heating system checked by qualified contractor? Yes No If yes, when? _____
52. Is the electrical system connected to circuit breakers? Yes No If No, property not eligible.
53. Does the electrical system have aluminum wiring? Yes No If Yes, property not eligible.
54. Is the plumbing completely PVC or Copper (No Iron or Lead)? Yes No If No, property not eligible.
55. Type of roof? Flat Pitched
56. Roof Updated, yr. _____ Electrical Updated, yr. _____ Plumbing Updated, yr. _____ Heating Updated, yr. _____
57. Is there evidence of water damage, broken windows, or breaks in pavements or floor? Yes No If yes, property not eligible.
58. Vacancies in building? Yes No If Yes, _____ %
59. Burglar Alarm: Local Central Station
60. Fire Protection: Sprinklers Local Fire Alarm Central Station Fire Alarm Annually Service Fire Extinguisher(s)
61. **Cooking Supplement - If none, check here**
- a. Describe Cooking equipment used: Grills Open Flame Oven
 Barbeque Pit/Smoker Charcoal grill Smoker Other _____
 Deep Fat Fryers Is vegetable oil used in cooking? Yes No
- b. Is the cooking area, hood and duct system protected per NFPA 96 (Fire, Extinguishing system)? Yes No If No, property not eligible.
- c. Is there a cleaning contract in force with an outside firm? Yes No If No, property not eligible.
Frequency of cleaning: _____ Date last serviced: _____
- d. Type of Extinguishing system: Wet Dry
62. **Limits/Rating Information**
(TIV Protection Class 1-8 over \$500,000 and Protection Class 9-10 over \$200,000, property not eligible):
- a. Deductible: \$1,000 \$2,500 \$5,000
- b. Protection Class: 1-6 7-8 9-10
- c. Construction: Actual Cash Value Replacement Cost
- d. Building Limit: \$ _____ Coinsurance _____ % (80% minimum or property not eligible)
- e. Contents Limit: \$ _____ Coinsurance _____ % (80% minimum or property not eligible)
- f. Business Income Limit: \$ _____ Coinsurance _____ % or monthly Limitation (No coins) 1/3 1/4 1/6
- g. Cause of Loss: Basic Special/excluding theft Special (requires a central station burglar alarm)
63. **Optional Coverages**
- a. Money & Securities (Special only) \$ _____ Inside \$ _____ Outside (\$500 Standard Deductible)
- b. Burglary & Robbery (Basic only) \$ _____ Inside \$ _____ Outside (\$500 Standard Deductible)
- c. Outdoor Signs \$ _____
- d. Exterior Glass Linear Ft. _____
- e. Equipment Breakdown Yes No (Coverage requires a maintenance contract for all refrigeration units)

Fraud Statement: Any person who knowingly and with the 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.

Applicant's Warranty Statement. I have read this application, and I declare that to the best of my knowledge and belief all of the foregoing statement are true and accurate, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. I agree that this application will be made a part of the policy; should the Company evidence the acceptance of this application by issuance of a policy.

Applicant's Signature _____ Date _____
Broker's Signature _____ Date _____
Address _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker: _____

Address: _____

Mail Completed Application
Through Local Agent or Broker to: