



NCC Restaurant Supplemental Application

A. GENERAL INFORMATION:

Named Insured(s): _____

Mailing Address: _____

Physical Location Address: _____

Effective Date of Coverage: _____

Restaurant Type:

- Family Style
- Buffet
- Snack Bar
- Fine Dining

Events:

- Happy Hour
- 2 for 1
- Ladies Night
- Dancing
- Athletic Event Specials
- Live Entertainment
- Other
- None

Business Days: _____ Business Hours: _____

Total Area: _____ Kitchen Area: _____

Outside Patio Area: _____ Banquet Area: _____

Customer Seating Area: _____ Lounge Seating Area: _____

Seating Capacity: _____

Maker of Automatic Suppression System: _____

B. Liability

How long has the insured been in business at this location?

Do the employees use their own or the business' vehicles to deliver food off premises?

Does the business have a website?: _____

What type of training do employees receive for safe food handling practices?

Are independent contractors hired to perform maintenance, repair or other construction work?

Yes No

Is there valet parking?

Yes No

Does the applicant maintain parking areas?

Yes No

Is there table-side cooking?

Yes No

Is there table-side cooking? Yes No

Are employee references checked prior to hiring? Yes No

Has applicant ever been cited for violation of beverage laws? Yes No

Are employees trained in CPR, Heimlich and/or first aid? Yes No

Has the restaurant/bar ever been cited for any health code violations? Yes No

If yes, please explain: _____

C. Property

Is there an automatic sprinkler system? Yes No

What percent of the building is sprinklered? _____ %

Age of Sprinkler system: _____

Type of sprinkler system: _____

Was sprinkler system designed for present occupancy? Yes No

Is a subcontractor responsible for sprinkler system inspection, testing and maintenance? Yes No

Name of subcontractor: _____

How often is sprinkler system maintenance and inspection performed? _____

Are sprinkler alarms installed? Yes No

Please check all types of protection on the premises:

- | | | |
|---|---|---|
| <input type="checkbox"/> Local Alarm | <input type="checkbox"/> Central Station | <input type="checkbox"/> Burglar Alarm |
| <input type="checkbox"/> Heat Detection | <input type="checkbox"/> Full Perimeter Intrusion Alarm | <input type="checkbox"/> Motion Detection |
| <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Smoke Detection | <input type="checkbox"/> Other |

Are electrical wiring, lights and outlets protected from grease laden vapors? Yes No

Is there a deep fat fryer? Yes No

What types of cooking oils are used?: _____

Is there a 16" separator between fryers and adjacent appliances and/or equipment? Yes No

Are all hoods, ducts, grease filters and surface cooking equipment (including deep fat fryers) protected by a UL listed automatic fire suppression system? Yes No

D. Banquet Facilities/Catering N/A

Does the applicant provide catering services on premises? Yes No

If yes, please describe: _____

Number of annual events: _____

Does the applicant receive a certificate of liability for Lessee? Yes No

Does the applicant cater liquor? Yes No

If yes, does the applicant have liquor insurance? Yes No

Food receipts from catering: \$ _____

Liquor Receipts from catering: \$ _____

E. ADDITIONAL INFORMATION WHICH MUST ACCOMPANY THIS QUESTIONNAIRE:

- 1) Completed ACORD applications for lines of business to be quoted
- 2) Copy of currently valued loss runs



NOTICE TO APPLICANT, PLEASE READ CAREFULLY:


THE APPLICANT REPRESENTS THE ABOVE STATEMENTS AND FACTS ARE TRUE AND NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIM INFORMATION FROM ANY PRIOR INSURER TO THE COMPANY INDICATED ABOVE.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR

INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT.



Signature of Applicant: _____ Date: _____

Name and Title: _____

Signature of Producer: _____ Date: _____