

The Brethren Mutual Insurance Company

149 North Edgewood Drive, Hagerstown, MD 21740

RESTAURANT/LIQUOR SUPPLEMENTAL APPLICATION

Named Insured _____ Date _____
 Agent _____

Type of

Business: Restaurant Diner Fast Food Banquet Hall Golf Course
 Motel/Hotel Other: _____

	On Premises		Off Premises
Gross Annual Receipts:	Food: _____	Food: _____	_____
	Liquor: _____	Liquor: _____	_____
	Total: _____	Total: _____	_____

Number of Employees:	Full Time: _____	Part Time: _____
Seating Capacity:	Restaurant: _____	Bar: _____
Hours of Operation:	Restaurant: _____	Bar: _____
Nights of Week:	<input type="checkbox"/> 7 Days	<input type="checkbox"/> Other: _____

EXPLAIN ALL YES ANSWERS TO QUESTIONS BELOW IN COMMENTS SECTION

General Questions		Yes	No
1.	Does applicant have any other on or off premises exposure?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there live entertainment on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is there dancing on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are there more than two coin operated video/arcade games on premises?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the insured offer customer delivery service?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the restaurant ever employ a cover charge?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is the food prepared predominately by tableside cooking? (i.e. Japanese Style)	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is valet parking offered?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Is the restaurant rented to others for special events?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is there any off premises catering? If yes, provide percentage _____.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Has the restaurant been closed or cited by the Board of Health in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Is the restaurant floating or located on a waterfront, pier, wharf or dock?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Does the restaurant have playground facilities?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Is the restaurant located in a protection class 9 or 10?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Is the actual age of the building greater than 30 years? If Yes, provide updates below:	<input type="checkbox"/>	<input type="checkbox"/>
16.	Is the restaurant seasonal?	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

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IF ANSWERS TO QUESTION #1 & #2 ARE NO, PLEASE EXPLAIN IN COMMENTS SECTION
IF ANSWER TO QUESTION #3 IS YES, PLEASE EXPLAIN IN COMMENTS SECTION

Financial Questions		Yes	No
1.	Has the owner had 3 or more years of mgmt. experience in the restaurant business?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has restaurant been at this location under current ownership for 3 or more years?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has the owner ever been involved in any bankruptcy, tax lien, or foreclosure?	<input type="checkbox"/>	<input type="checkbox"/>
4.	If risk is a new venture or answer to question #1 is no, attach financial statement or copy of business plan for underwriting approval.		

Comments:

EXPLAIN ALL NO ANSWERS IN COMMENTS SECTION

Cooking Protection		Yes	No
1.	Is restaurant equipped with UL 300 (<i>wet chemical</i>) approved auto extinguishing system?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does above system cover all cooking surfaces, including deep fat fryers?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Automatic gas or electric shut offs for cooking?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Hood and filters cleaned weekly by staff?	<input type="checkbox"/>	<input type="checkbox"/>
5.	BC and K extinguishers available in kitchen?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Hood and ducts maintenance contracts in place?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Adequate clearance between hoods, ducts, cooking equip. and combustible materials?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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EXPLAIN ALL YES ANSWERS IN COMMENTS SECTION

Liquor Liability		Yes	No
1.	License #	<input type="checkbox"/>	<input type="checkbox"/>
2.	Special Reduced Drink Prices/Hours, Happy Hour or Ladies Night?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have there been any liquor or local code violations?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have there been any reported liquor liability claims?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is a security service/off-duty law enforcement officer or bouncer employed?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is TIP's or similar training program conducted for all employees serving alcoholic beverages? <i>Type of Program:</i>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is there a Management Policy on serving minors and intoxicated persons?	<input type="checkbox"/>	<input type="checkbox"/>
8.	What provisions have been made for transporting an intoxicated individual home? <i>Describe:</i>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are there separate hours of operation for foods sales and alcohol sales?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is there a separate bar area from the eating area?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

NOTICE TO APPLICANT

Warranties:

I/We understand that any quotation of premium and/or policy terms and conditions will be offered by the Brethren Mutual Insurance Company in reliance on the accuracy of the above information. I/We agree that such policy shall be null and void if such information is false, misleading, or would materially affect acceptance of the risk by the company.

I/We hereby authorize release of claim information from any insurers or their general agent. I/We warrant that premises liability coverage will be maintained at limits at least equal to the liquor liability limits during the entire term of the liquor policy.

I/We agree to submit records for audit by the company upon termination or expiration of this policy for the determination of actual gross receipts during the period of coverage, when requested.

*Signature of Applicant

Title

Date

Signature of Producer

Agency

Date

*Signing this application does not bind the applicant or the company to complete the insurance.