



1610 Route 88, Suite 102
 Brick, New Jersey 08724
 732-701-8900
 732-458-3728 fax

Restaurant Application

All Questions Must Be Answered
 Please Use a Separate Application for Each Location
 Download the blank form to your
 computer. Open the form off-line and fill
 it in. Save the file and then attach it to an
 email to apps@specialtyagency.com.

Full Name of Applicant _____
 Address of Applicant _____ City _____
 County _____ State _____ Zip Code _____
 Mailing Address (If Different) _____
 Owners Name (Principal) _____ SS # _____
 Home Address _____
 Home Phone # _____ Business Phone # _____

Effective Date _____ Current Company _____ Current Premium \$ _____
 Any policy or coverage declined, cancelled or non-renewed during three prior years? Yes ___ No ___
 (not applicable in Missouri)

Business Information

Applicant is a : Corporation _____ Partnership _____ Individual _____ Other _____
 Applicant is a : Restaurant _____ Diner _____ Tavern _____ Night Club _____ Banquet Hall _____
 Fine Dining _____ Other (Please Specify) _____
 # of Years at this Location _____ # of years in Restaurant Business _____
 If less than 3 years at this Location, list previous experience _____
 Building Owner - Name _____
 Address _____
 Include Building Owner as Named Insured as interest may appear? Yes ___ No ___

Financial Information

Is Owner or Corporation now or ever involved in : Bankruptcies _____ Foreclosures _____
 Tax Liens _____ Business Failures _____ Any Litigations _____
 If Yes, Please Explain _____

Additional Interests

Mortgagee and Address _____
 _____ Check if None _____
Additional Insureds _____
 _____ Check if None _____
Loss Payees _____
 _____ Check if None _____

Property Section

Building Limit _____ Co-Ins % _____ ACV _____ R/C _____ Deductible _____
Contents Limit _____ Co-Ins % _____ ACV _____ R/C _____ Deductible _____
Business Income Limit _____ Contribution or Co-Ins % _____ Deductible _____
Business Income ALS Yes _____

Cause of Loss : Basic _____ Special _____ Special with Theft on Contents Only _____
Business Income with Extra Expense Yes _____ No _____ If not answered, will be Rated without
Loss of Rents Limit _____ Co-Ins % _____ Cause of Loss _____ Deductible _____
Sign Limit _____ Type _____ Wording _____ Deductible _____
Glass Coverage Needed Yes _____ No _____ If "Yes", provide value _____

Crime Coverage Form C Limit _____ Deductible _____
Employee Dishonesty Limit _____ Deductible _____
Other Property Coverages _____

Multiple Occupancies? If so, List: _____

Liability Section

General Liability Limit _____ Aggregate _____

Liquor Liability Limit _____ Aggregate _____

Receipts : Food _____ Liquor _____ Other _____ Total _____

Square Footage : Total Building _____ Restaurant _____ Apts _____ # Apts _____

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 _____ %

Describe Catering Operation _____

Lodging Operations Other than Apartments Yes _____ No _____

If "Yes", Describe : _____

Any Other On or Off Premise Exposures NOT Listed Above Yes _____ No _____

If "Yes", Describe : _____

Non-Owned Automobile Yes _____ No _____

If "Yes", No of Employees _____ Any Delivery Use? _____

Valet Parking Yes _____ No _____

If "Yes", is Garage Keeper Liability Required Yes _____ No _____

If "Yes", Limit _____ Deductible _____

Any Elevators or Stairs on Premise? Yes _____ No _____

Any Tableside Cooking? Yes _____ No _____



Restaurant Application

Liquor Legal Liability Section

Does Applicant Serve Alcohol Yes No If Yes, Entire Section MUST be Completed

Does Applicant Have Liquor License Yes No If "Yes", Type and # _____

Does Applicant Sell Package Goods Yes No If "Yes", % of Liquor Receipts _____ %

of Bartenders _____ # of Waiters/Waitresses _____ Avg Length of Employment _____

Are Employees Given Liquor Training Yes No If "Yes", Explain Type and When Trained _____

Does Applicant Have Written Policy on Serving Alcohol for Employees & Customers Yes No

Is Management Notified Prior to Shutting Off Patrons Yes No

Is Documentation Kept on Each Incident Yes No Service Bar Only? Yes No

of Bars on Premises _____ Is There a Steady Bar Clientel Yes No

Is There a Happy Hour Yes No Reduced Price Drinks Yes No

Is a Last Call Given Yes No If "Yes", What Time _____

Are Shots Given Yes No Shots Specials / Shooter Girls Yes No

Have There Been Any Liquor Board Violations Yes No If "Yes", List ALL Violations _____

Entertainment Section

Entertainment Yes No If "Yes", ENTIRE Section MUST be Completed

Nights of Week Fri Sat Other _____ Age of Clientel _____

Type of Entertainment Rock Group DJ Band (Any Kind) Go-Go

Other (Please Describe) _____

Does a Dance Floor Exist Yes No If "Yes", Square Footage _____

Is Dancing Permitted Yes No

Bouncers or Doormen Yes No If "Yes", Explain Why _____

Amusement Devices (Pool Tables, Video Games, TVs, etc) Yes No

If "Yes", # and Description _____

Claims Section

List ALL Claims for Each Section for the Past 5 Years, By Year (If none, NONE must be stated, by Year)

Property Claims _____

General Liability Claims _____

Liquor Liability Claims _____

Umbrella Claims _____



Umbrella Section

Limit Requested _____

Business Auto Carrier _____ Policy # _____ Premium _____

Total # of Vehicles _____ # Private Passenger _____ # Commercial _____ Limit _____

Employers Liability Carrier _____ Policy # _____ Limit _____

Operations Section

Is Applicant Open Now Yes _____ No _____ If "No", Explain _____

Hours of Operation From _____ To _____ # of Days per Week _____

Is Applicant a Seasonal Operation Yes _____ No _____ If "Yes", Explain _____

Distance to Ocean or Nearest Body of Water _____

Physical Plant Section

Age of Building _____ Construction _____ # of Stories _____

Age of : Wiring _____ Plumbing _____ Heating _____ Roofing _____

Smoke Detectors Yes _____ No _____ If "Yes", Electric _____ Battery Power _____

Fire Alarm Yes _____ No _____ If "Yes", Type _____

Burglar Alarm Yes _____ No _____ If "Yes", Type _____

Sprinkler System Yes _____ No _____ If "Yes", Age _____ Type _____

Kitchen Fire Protection :	Yes	No
UL-300 Wet Chemical Extinguishing System Serviced every 6mos.	_____	_____
Above System Covering All Cooking Surfaces	_____	_____
Name of System _____		
Automatic Gas or Electric Shut Offs for Cooking	_____	_____
Hood and Filters Cleaned Weekly By Staff	_____	_____
BC Extinguisher Available in Kitchen	_____	_____
Hoods and Ducts Over All Cooking Equipment	_____	_____
Hoods and Ducts Maintenance Contract Schedule # Month _____		

The signing of this application does not bind the Applicant nor any company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the acceptance of a contract. It is therefore the warranty of the undersigned that the information contained herein is true and correct, and it is hereby understood that the policy will be warranteed based on this information. It is further understood that any person who knowingly and with 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Insured's Signature _____ Date _____
 (Must Be Signed by Insured to Bind)

Agent _____	Salesperson _____
Address _____	Phone # () _____
E-mail _____	FAX # () _____