

SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

Applicant's Name: _____

Applicant's Mailing Address: _____

Agency Name: _____

Effective Date: _____

GENERAL INFORMATION

1. Website Address: _____
2. How many years has this operation been in business? _____ at same location? _____
3. How many years of experience does the current management possess? _____
4. What is the restaurant's seating capacity? _____
5. Is this a seasonal operation? Yes No
6. Is this a franchised operation? Yes No
If Yes, what franchise? _____
7. Are there take-out operations? Yes No
8. Food Sales: \$ _____ Liquor Sales: \$ _____ Catering Sales: \$ _____ Total Sales: \$ _____
9. Hours of operation: Sun.: _____ Mon.: _____ Tues.: _____ Wed.: _____
Thurs.: _____ Fri.: _____ Sat.: _____ Other: _____
10. Type of restaurant: Bakery Buffet Burrito/Taco Shop Coffee Shop Cafeteria
(mark all that apply) Deli Fine Dining Family Fast Food Sports Bar
 Pizzeria Other _____
11. Cooking equipment: _____ Broilers _____ Deep Fat Fryers _____ Grills _____ Hearth
(enter # of each) _____ Oven Other _____
_____ Ranges Other _____
12. Fuels used: (mark all that apply) Charcoal Electric Gas Oil Wood Other _____
13. Has the Applicant maintained an operating profit for the last five years? Yes No
If No, please explain: _____

14. Are bank deposits made daily? NA Yes No
If No, please describe how money is protected until deposit: _____

PROTECTION

1. Is the kitchen equipped with an automatic extinguishing system? NA Yes No
Does this system cover all cooking and ventilation equipment? NA Yes No
Is this system UL 300/NFPA compliant? NA Yes No
Is this system equipped with automatic fuel shutoffs? NA Yes No
Does this system receive service at least every 6 months? NA Yes No
Does the Applicant receive a certificate of insurance from the contractor? NA Yes No



2. Is the cooking equipment equipped with remote manual fuel shutoffs? NA Yes No
3. Does the Applicant have generators in place to protect stock in the event of a power outage? NA Yes No
4. Does the cooking equipment receive regular service? NA Yes No
 Is the equipment serviced by an outside contractor? NA Yes No
 Does the Applicant receive a certificate of insurance from the contractor? NA Yes No
5. Are the cooking areas equipped with non-combustible filters? NA Yes No
6. Is a cleaning of the hood and duct system performed at least every 6 months? NA Yes No
 Is the hood and duct system cleaned by an outside contractor? NA Yes No
 Does the Applicant receive a certificate of insurance from the contractor? NA Yes No
7. Is the kitchen equipped with UL listed grease extractors? NA Yes No
 What is the frequency of cleaning of the grease extractors?
 Weekly Monthly Annually Other: _____
 Are the grease extractors cleaned by an outside contractor? NA Yes No
 Does the Applicant receive a certificate of insurance from the contractor? NA Yes No
8. Has all cooking equipment been upgraded within the last 10 years? NA Yes No
 If Not, please provide what updates have been completed: _____

9. Does the Applicant possess a maintenance agreement on refrigeration equipment? NA Yes No
 Does the Applicant receive a certificate of insurance from the contractor? NA Yes No

GENERAL LIABILITY

1. Does the Applicant perform regular sweeping/mopping and/or floor inspections? Yes No
 Are logs kept for all cleaning operations? Yes No
2. Is there a sanitation manager employed with proper hygiene procedures established? Yes No
3. Does the Applicant contract pest control services? Yes No
 Does the Applicant receive a certificate of insurance from the contractor? Yes No
4. Does the Applicant contract snow/ice removal? Yes No
 Does the Applicant receive a certificate of insurance from the contractor? Yes No
5. Does the Applicant receive certificates of insurance from all subcontractors? Yes No
6. Does the Applicant receive certificates of insurance from suppliers? Yes No
7. Does the Applicant package, repackage, or label any items for sale? Yes No
 If Yes, please describe: _____

8. Is there any cooking at customer's tables? Yes No
9. Is there live entertainment and/or dancing on premises? Yes No
10. Is the parking lot maintained and does it have adequate lighting? Yes No
11. Is there sponsorship of any sports teams or special events? Yes No
 If Yes, please describe: _____

12. Does the building contain any habitational units? Yes No
13. Does the Applicant import any food products? Yes No
 If Yes, what percentages of total _____% and please describe items: _____



AUTOMOBILE

- 1. Are there any catering operations? Yes No
- 2. Does the Applicant do any delivery? Yes No
 - If Yes to question #1 or #2, are there any vehicles owned by the applicant? Yes No
 - If Yes to question #1 or #2, are there any employee personal vehicles used? Yes No
 - If Yes to question #1 or #2, # of vehicles owned _____ # of personal vehicles used _____
 - If Yes to question #1 or #2, does Applicant regularly review all driver's motor vehicle records for acceptability? Yes No
 - If Yes to question #1 or #2, does the Applicant have a vehicle maintenance program in place? Yes No
- 3. Does the Applicant have valet parking services? Yes No

LIQUOR LIABILITY (Complete if you are requesting a Liquor Liability quote)

- 1. Are there any Happy Hours or other events when drinks are sold at a lower price? Yes No
- 2. Does the Applicant train all employees for Heimlich maneuver and alcohol awareness (TIPS)? Yes No
- 3. Are alcohol servers allowed to refuse service to a customer? Yes No
- 4. Describe ID checking procedures _____

- 5. How long has the Applicant had a liquor license for this location?
- 6. Has the current license or any other license held by the Applicant been suspended or revoked? Yes No
- 7. Has any fine been paid or citation issued against the Applicant for illegal serving of alcohol? Yes No
- 8. Is Applicant in compliance with all state requirements for the serving of alcoholic beverages? Yes No
- 9. Has the Applicant had any alcohol liability claims during the past 5 years? Yes No
- 10. Has the Applicant ever had a Liquor Liability policy cancelled or nonrenewed? Yes No

WORKERS' COMPENSATION (Complete if you are requesting a WC quote)

- 1. Do you offer health benefits to full time employees? Yes No
- 2. Do you have a formal written safety program in place and provide ongoing training? Yes No
- 3. What is the employee turnover percentage on an annual basis? _____%
- 4. Do you perform Drug and Alcohol screening?
 - a. Pre Hire? Yes No
 - b. Post Hire? Yes No
- 5. Do you provide material handling/lifting training? Yes No
- 6. What is the maximum weight lifted? _____ lbs.
- 7. Describe the protection required/provided to prevent slips and falls by employees: _____

- 8. Are there quality control measures in place for housekeeping in both the front (public spaces) and back (kitchen/office) areas? Yes No
- 9. Do you post notices on proper hygiene and provide appropriate training? Yes No
- 10. Does management have a safety committee that performs and reviews incident/accident investigations? Yes No
- 11. Please provide number of part time employees _____ full time employees _____
- 12. Do you provide any employee housing? Yes No
- 13. Do you provide any employee transportation to and from work? Yes No
- 14. Do you have a return to work program? Yes No



PRODUCTS RECALL (Complete if requesting coverage)

- 1. Does the Applicant have a formal quality control process? Yes No
- 2. Is there a recall or market withdrawal plan in place and compliant with FDA guidelines? Yes No
- 3. Were FDA inspections completed regularly over the last 5 years? Yes No
- 4. Are there risk transfer procedures in place? Yes No
- 5. Does the Applicant keep detailed records of products distribution process? Yes No
- 6. Is there a formal complaint handling process in place? Yes No
- 7. Have there been any products recall claims in the last 5 years? Yes No

If Yes, please describe: _____

DECLARATION AND SIGNATURE

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all Insureds from the entity or their authorized representative(s) concerning this insurance.

Named Individual: _____

Title/Position: _____ **Date:** _____

Attestation

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group, Inc., to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized

Entity Representative: _____ **Date:** _____